

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 577000881

Report Date: 02/03/2026

Date Signed: 02/03/2026 02:04:29 PM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/02/2026** and conducted by Evaluator Jill Nakagawa

	COMPLAINT CONTROL NUMBER: 21-AS-20260202132423
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FACILITY NAME: ATRIA COVELL GARDENS	FACILITY NUMBER: 577000881
ADMINISTRATOR: KARRIE SILVEY	FACILITY TYPE: 740
ADDRESS: 1111 ALVARADO AVE	TELEPHONE: (530) 756-0700
CITY: DAVIS	ZIP CODE: 95616
CAPACITY: 210	DATE: 02/03/2026
MET WITH: Karrie Silvey, Administrator	UNANNOUNCED TIME BEGAN: 09:20 AM
	TIME COMPLETED: 02:00 PM

ALLEGATION(S):

1	Staff do not ensure medications are dispensed as prescribed.
2	Facility did not ensure adequate care and supervision.
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INVESTIGATION FINDINGS:

1	At approximately 09:20 AM on 02/03/2026, Licensing Program Analyst (LPA) Jill Nakagawa arrived
2	unannounced for the purpose of opening a complaint investigation regarding the above allegations.
3	
4	LPA conducted interviews, requested records and made observations. LPA met with Karrie Silvey,
5	Administrator to review the allegations.
6	
7	The complaint alleges that Staff do not ensure medications are dispensed as prescribed and Facility did
8	not ensure adequate care and supervision. The complainant stated that they received a call reporting
9	that the facility had been short-staffed and residents were not receiving their medications on time due to
10	a shortage of medication technicians.
11	
12	Continued on 9099-C
13	

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Kimberley Mota
LICENSING EVALUATOR NAME: Jill Nakagawa
LICENSING EVALUATOR SIGNATURE:

DATE: 02/03/2026

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/03/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC9099 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1450 NEOTOMAS AVENUE,
STE. 100
SANTA ROSA, CA 95405

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: ATRIA COVELL GARDENS

FACILITY NUMBER: 577000881

VISIT DATE: 02/03/2026

NARRATIVE

1 Continued from 9099....
2

3 On 02/03/2026 LPA spoke with Administrator Karrie Silvey who stated that the facility had been on lock
4 down over the past week due to a Gastro-Intestinal Outbreak, which also affected staff, including
5 several medication technicians. LPA requested Medication Administration Records (MARs) and found
6 documentation showing that on 01/29/2026 and 01/30/2026 medications for 27 residents were not given
7 as ordered by the Physician due to administration after the prescribed time. LPA also reviewed the staff
8 schedule for the same dates, 01/29/2026 and 01/30/2026 and found that three (3) medication
9 technicians had called off due to illness. The Administrator and two (2) Directors who had training in
10 medication administration were able to help fill some of the gaps, but records indicate that the added
11 personnel were unable to provide the necessary support to administer the medications as prescribed
12 nor provide the adequate care and supervision in a timely manner. Based on LPA interviews, and review
13 of information obtained, the investigation has revealed that the allegations **Staff do not ensure**
14 **medications are dispensed as prescribed** and **Facility did not ensure adequate care and**
15 **supervision** are **SUBSTANTIATED**. A finding that the complaint is SUBSTANTIATED means that the
16 allegation is valid because the preponderance of the evidence standard has been met.
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18 Division 6. Failure to correct the deficiency and/or repeat deficiencies within a 12 month period may
19 result in civil penalties. Exit interview conducted and appeal of rights provided.
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SUPERVISORS NAME: Kimberley Mota
LICENSING EVALUATOR NAME: Jill Nakagawa
LICENSING EVALUATOR SIGNATURE:

DATE: 02/03/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/03/2026

LIC9099 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1450 NEOTOMAS AVENUE,

**COMPLAINT INVESTIGATION REPORT
(Cont)**

STE. 100
SANTA ROSA, CA 95405

FACILITY NAME: ATRIA COVELL GARDENS
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 577000881
VISIT DATE: 02/03/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 02/03/2026 Section Cited CCR 87465(c)(2)	1 87465 Incidental Medical and Dental 2 Care (c)(2) Once ordered by the 3 physician the medication is given 4 according to the physician's directions. 5 This requirement has not been met as 6 evidence by: 7	1 Administration to submit written plan 2 which addresses how facility will ensure 3 compliance with 87465(c)(2) going 4 forward. To be submitted to CCL by 5 POC date of 02/04/2026 in order to 6 clear the deficiency. 7
	8 Based on review of medication 9 administration records of 01/29/2026 10 and 01/30/2026 the facility did not give 11 medications according to physician's 12 orders. This is an immediate risk to 13 residents in care. 14	
Type A 02/03/2026 Section Cited HSC 1569.2(c)	(c) "Care and supervision" means the 1 facility assumes responsibility for, or 2 provides or promises to provide in the 3 future, ongoing assistance with 4 activities of daily living without which 5 the resident's physical health, mental 6 health, safety, or welfare would be 7 endangered. Assistance includes assistance with taking medications...This requirement was not met as evidenced by:	Administration to provide a written plan to maintain compliance during epidemic 1 outbreaks or other episodes of multiple 2 staff call offs or shortages by Close of 3 Business on 2/4/2026 to CCL. 4 5 6 7
	8 Based on the review of medication 9 administration records (MARs) for 10 1/29/26 and 1/30/26 administration did 11 not have enough staff to provide 12 adequate care and supervision during 13 medication administration. 14	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISORS NAME: Kimberley Mota LICENSING EVALUATOR NAME: Jill Nakagawa LICENSING EVALUATOR SIGNATURE:		DATE: 02/03/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 02/03/2026