

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 095920119
Report Date: 07/13/2026
Date Signed: 07/13/2026 11:08:07 AM

Unfounded

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/14/2026** and conducted by Evaluator Lavinia Muscan

	COMPLAINT CONTROL NUMBER: 59-AS-20260514114847
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FACILITY NAME:	GOLD COUNTRY ASSISTED LIVING	FACILITY NUMBER:	095920119
ADMINISTRATOR:	STONE, BONNIE	FACILITY TYPE:	740
ADDRESS:	4301 GOLDEN CENTER DRIVE	TELEPHONE:	(530) 621-1100
CITY:	PLACERVILLE	ZIP CODE:	95667
CAPACITY:	46	DATE:	07/13/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	10:35 AM
	CENSUS: 40	TIME	
MET WITH:	Administrator Sandra Riffey	COMPLETED:	11:20 AM

ALLEGATION(S):

1	Staff did not ensure residents have activities
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INVESTIGATION FINDINGS:

1	On 7/13/2026, Licensing Program Analyst (LPA) Lavinia Muscan arrived at the facility unannounced to deliver complaint findings into the allegations listed above and met with Administrator Sandra Riffey.
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4	During the investigation, the Department conducted interviews and reviewed documentation pertinent to the investigation. The results of the investigation are as follows: Based on the Department's observations
5	made during multiple visits to the facility and resident interviews, there was insufficient evidence to
6	support the allegation that staff did not provide residents with activities. During each visit, the Department
7	observed scheduled activities being offered and available to residents throughout the day. Residents
8	interviewed stated they had a variety of activities to choose from daily and were satisfied with the activity
9	program. The Department did not observe or obtain evidence to support the allegation. Therefore, this
10	allegation is determined to be UNFOUNDED. A finding of unfounded means that the allegation is false,
11	could not have happened and/or is without a reasonable basis.
12	
13	Exit interview conducted. Report left with facility.

Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Laura Munoz	
LICENSING EVALUATOR NAME: Lavinia Muscan	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/13/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/13/2026