

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 095920119

Report Date: 01/21/2026

Date Signed: 01/21/2026 10:05:29 AM

Unsubstantiated

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 **10/24/2025** and conducted by Evaluator Lavinia Muscan

	COMPLAINT CONTROL NUMBER: 59-AS-20251024113908
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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: 01/21/2026
MET WITH: Administrator Kayla Archer	UNANNOUNCED TIME BEGAN: 09:30 AM
	TIME COMPLETED: 10:15 AM

ALLEGATION(S):

1	Staff mismanaged residents' medications.
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INVESTIGATION FINDINGS:

1	On 01/21/2026, Licensing Program Analyst (LPA) Lavinia Muscan arrived at the facility unannounced to deliver complaint findings into the allegations listed above and met with Administrator Kayla Archer.
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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:
5	Based on documents obtained and statements reviewed for October 2025, the department determined that there was insufficient evidence that any medication errors have occurred. Documents obtained show that all current medications were administered and logged correctly for residents per their doctor's orders. Five staff interviews (5) indicated that staff were not aware of any medication errors. Based upon the information obtained during investigation, the above allegation is unsubstantiated. A finding that the complaint is UNSUBSTANTIATED means that although the allegation may have happened or is valid, there is not a preponderance of the evidence to prove that the alleged violation occurred.
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13	Exit interview conducted. Report left with facility.

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Laura Munoz
LICENSING EVALUATOR NAME: Lavinia Muscan
LICENSING EVALUATOR SIGNATURE: _____
DATE: 01/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 01/21/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 1 of 3

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

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CAPACITY: 46	DATE: 01/21/2026
MET WITH: Administrator Kayla Archer	UNANNOUNCED TIME BEGAN: 09:30 AM
	TIME COMPLETED: 10:15 AM

- ALLEGATION(S):**
- | | |
|---|--------------------------------------------------------------|
| 1 | Staff did not ensure residents received contracted services. |
| 2 | Staff did not maintain accurate records for residents. |
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INVESTIGATION FINDINGS:

1	On 01/21/2026, Licensing Program Analyst (LPA) Lavinia Muscan arrived at the facility unannounced to deliver complaint findings into the allegations listed above and met with Administrator Kayla Archer.
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4	During the investigation, the Department conducted interviews and reviewed documentation pertinent to the investigation.
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7	The results of the investigation are as follows:
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9	**Report continued on 9099-C**
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Unfounded	Estimated Days of Completion: _____
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SUPERVISORS NAME: Laura Munoz
LICENSING EVALUATOR NAME: Lavinia Muscan
LICENSING EVALUATOR SIGNATURE: _____
DATE: 01/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____
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Control Number 59-AS-20251024113908

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
(Cont)**

FACILITY NAME: GOLD COUNTRY ASSISTED LIVING

FACILITY NUMBER: 095920119

VISIT DATE: 01/21/2026

NARRATIVE

- 1 **Staff did not ensure residents received contracted services.**
 2 Based on documents obtained and statements reviewed, the department determined that residents are
 3 receiving all services based on their Admission agreement and needs and service plan. Therefore, the
 4 allegation is UNFOUNDED. A finding of unfounded means that the allegation is false, could not have
 5 happened and/or is without a reasonable basis.
 6
 7 **Staff did not maintain accurate records for residents.**
 8 Based on documents obtained and statements reviewed, the department determined the Licensee
 9 ensured that a complete and current record, including Admission Agreement, Needs and Service plan,
 10 Physician's report etc. was maintained for residents in care. Therefore, the allegation is UNFOUNDED.
 11 A finding of unfounded means that the allegation is false, could not have happened and/or is without a
 12 reasonable basis.
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 14 Exit interview conducted. Report left with facility.
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SUPERVISORS NAME: Laura Munoz

LICENSING EVALUATOR NAME: Lavinia Muscan

LICENSING EVALUATOR SIGNATURE:

DATE: 01/21/2026

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