

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 097004177
Report Date: 04/27/2026
Date Signed: 04/27/2026 01:49:12 PM

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 01/30/2026 and conducted by Evaluator Lavinia Muscan

	COMPLAINT CONTROL NUMBER: 59-AS-20260130142011
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FACILITY NAME: PONTE PALMERO	FACILITY NUMBER: 097004177
ADMINISTRATOR: PILEGAARD, LANDON	FACILITY TYPE: 740
ADDRESS: 3083 PONTE MORINO DRIVE	TELEPHONE: (530) 677-9100
CITY: CAMERON PARK	ZIP CODE: 95682
CAPACITY: 250	DATE: 04/27/2026
	UNANNOUNCED TIME BEGAN: 01:15 PM
MET WITH: Assisted Living Director Jennifer Hinch	TIME COMPLETED: 02:00 PM

ALLEGATION(S):

1	Staff did not prevent a resident from physically assaulting another resident
2	in care
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INVESTIGATION FINDINGS:

1	On 04/27/2026, Licensing Program Analyst (LPA) Lavinia Muscan arrived at the facility unannounced to
2	deliver complaint findings into the allegations listed above and met with Assisted Living Director Jennifer
3	Hinch. During the investigation, the Department conducted interviews and reviewed documentation
4	pertinent to the investigation. The results of the investigation are as follows:
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6	The Department conducted interviews and reviewed facility records including incident reports and care
7	and supervision documentation. The investigation confirmed that a resident-to-resident altercation
8	occurred; however, evidence did not establish that staff failed to provide appropriate supervision or that
9	staff actions or inactions contributed to the incident. Available information indicates staff responded
10	consistent with facility policies and intervened upon awareness of the incident. Although the incident
11	occured, the preponderance of evidence does not support a finding that staff failed to prevent assault.
12	Therefore, the allegation is determined to be UNSUBSTANTIATED.
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: 04/27/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/27/2026