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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 125000579
Report Date: 06/13/2025
Date Signed: 06/13/2025 11:58:35 AM

Unfounded

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/05/2025** and conducted by Evaluator Kimberley Mota

	COMPLAINT CONTROL NUMBER: 21-AS-20250605110719

FACILITY NAME:	TIMBER RIDGE AT EUREKA			**FACILITY NUMBER:**	125000579
ADMINISTRATOR:	FARNUM, LARONA			**FACILITY TYPE:**	740
ADDRESS:	2740 TIMBER RIDGE LANE			**TELEPHONE:**	(707) 443-3000
CITY:	EUREKA	**STATE:** CA		**ZIP CODE:**	95503
CAPACITY:	75	**CENSUS:**	UNANNOUNCED	**DATE:**	06/13/2025
				TIME BEGAN:	08:30 AM
MET WITH:	Haylee Campbell, Med Tech			**TIME COMPLETED:**	09:00 AM

ALLEGATION(S):

1	Facility failed to arrange for medical care
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INVESTIGATION FINDINGS:

1	Licensing Program Manager (LPM) Mota arrived unannounced for the purpose of initiating a complaint
2	investigation regarding the above allegation and met with Haylee Campbell, Med Tech.
3	
4	The department had left messages with the reporting party on June 5, 2025, and June 12, 2025, with no
5	return calls. During interviews with the Administrator on June 12, 2025, it was discovered that the
6	Resident (R1) does not reside at Timber Ridge at Eureka but does reside at Renaissance at Timber
7	Ridge (Facility #125000592).
8	
9	This agency has investigated the complaint alleging facility failed to arrange for medical care. We have
10	found that the complaint was unfounded, meaning that the allegation was false, could not have happened
11	and/or is without a reasonable basis.
12	
13	

Unfounded	Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Carla Martinez
NAME OF LICENSING PROGRAM ANALYST: Kimberley Mota
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 06/13/2025

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/13/2025

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