

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 125000579
Report Date: 10/27/2021
Date Signed: 10/27/2021 12:32:05 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928
FACILITY EVALUATION REPORT	

FACILITY NAME: TIMBER RIDGE AT EUREKA	FACILITY NUMBER: 125000579
ADMINISTRATOR: FARNUM, ERICA	FACILITY TYPE: 740
ADDRESS: 2740 TIMBER RIDGE LANE	TELEPHONE: (707) 443-3000
CITY: EUREKA	STATE: CA
CAPACITY: 75	ZIP CODE: 95503
TYPE OF VISIT: Case Management - Incident	CENSUS: DATE: 10/27/2021
MET WITH: Larona Farnum	UNANNOUNCED TIME BEGAN: 11:01 AM
	TIME COMPLETED: 11:02 AM

NARRATIVE	
1	At approximately 8:30AM, Licensing Program Analyst (LPA) Chris Arnhold arrived to this facility for a
2	complaint investigation. During this investigation, LPA reviewed records and found facility failed to
3	submit a written death report for R1 on 09/29/2021. LPA was notified by telephone of the incident and all
4	responsible parties were notified. A written incident report was created but not sent. LPA received
5	completed Special incident report and death report during this visit. LPA requested training be
6	conducted for staff responsible for reporting.
7	
8	Deficiencies are cited from the California Code of Regulations (CCRs), and/or the Health and
9	Safety Code. Failure to correct the cited deficiency(ies), on or before the Plan of Correction
10	(POC) due date, may result in a civil penalty assessment.
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12	This report was reviewed with Licensee and Appeal rights were given.
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NAME OF LICENSING PROGRAM MANAGER: Bethany Moellers
NAME OF LICENSING PROGRAM ANALYST: Christopher Arnhold

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/27/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/27/2021

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

LIC809 (FAS) - (06/04)

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Created By: Christopher Arnhold On 10/27/2021 at 11:17 AM

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928
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FACILITY NAME: TIMBER RIDGE AT EUREKA

FACILITY NUMBER: 125000579

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 10/27/2021

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type B 11/19/2021 Section Cited	1 Death of any resident from any 2 cause regardless of where the death 3 occurred, ...a hospital, or visiting 4 away from the facility. This 5 requirement is not met as evidenced 6 by: Based on record 7		
	8 review, Licensee did not submit a 9 written report for a death that 10 occurred on 09/29/2021. This poses 11 a potential health, safety or personal 12 rights risk to residents. 13 14	8 to CCL by POC date of 11/19/2021. 9 10 11 12 13 14	
	1 2 3 4 5 6 7		
	1 2 3 4 5 6 7		

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

SUPERVISOR'S NAME:	Bethany Moellers
LICENSING EVALUATOR NAME:	Christopher Arnhold

LICENSING EVALUATOR SIGNATURE:



DATE: 10/27/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/27/2021