

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 125000579
Report Date: 06/24/2026
Date Signed: 06/24/2026 11:55:14 AM

Unsubstantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on 04/30/2026 and conducted by Evaluator Christopher Arnhold

	COMPLAINT CONTROL NUMBER: 21-AS-20260430093835
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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	ZIP CODE:	95503
CAPACITY:	75	DATE:	06/24/2026
		UNANNOUNCED TIME BEGAN:	10:45 AM
MET WITH:	Larona Farnum	TIME COMPLETED:	12:10 PM

ALLEGATION(S):

1	Personal Rights
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INVESTIGATION FINDINGS:

1	At approximately 10:45AM, Licensing Program Analyst (LPA) Chris Arnhold arrived at this facility
2	unannounced, to investigate the above allegation. LPA met with Executive Director Larona Farnum.
3	LPA reviewed documents and interviewed staff. Based on interviews conducted, LPA was not able to find
4	evidence to support the above allegation. LPA was informed that Resident, R1, had been declining
5	recently and was having more hallucinations. R1 would accuse staff of things even though they were not
6	present at the times of the allegations. Based on interviews conducted regarding Staff, S1, LPA did not
7	find any indication they violated any residents personal rights. S1 has worked at the facility for many
8	years with no discipline issues and residents who spoke to LPA all commented on S1's caring attitude
9	while assisting with their care needs.
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11	Although the allegation may have happened or is valid, there is not a preponderance of evidence to
12	prove the alleged violation did or did not occur, therefore the allegation is Unsubstantiated.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Kimberley Mota	
LICENSING EVALUATOR NAME: Christopher Arnhold	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/24/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/24/2026