

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# COMPLAINT INVESTIGATION REPORT

Facility Number: 207209043  
Report Date: 02/18/2022  
Date Signed: 02/22/2022 07:43:57 AM

## Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1314 E SHAW AVE FRESNO, CA 93710
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **09/24/2021** and conducted by Evaluator Lisa Salazar

	<b>COMPLAINT CONTROL NUMBER: 24-AS-20210924163703</b>
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<b>FACILITY NAME:</b> CEDAR CREEK SENIOR LIVING	<b>FACILITY NUMBER:</b> 207209043
<b>ADMINISTRATOR:</b> JACKSON, SHAWNIEE	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 500 N. WESTBERRY BLVD.	<b>TELEPHONE:</b> (559) 673-2345
<b>CITY:</b> MADERA	<b>STATE:</b> CA <b>ZIP CODE:</b> 93637
<b>CAPACITY:</b> 162	<b>CENSUS:</b> 80 <b>DATE:</b> 02/18/2022
<b>MET WITH:</b> Executive Director, Shawnie Jackson	<b>UNANNOUNCED TIME BEGAN:</b> 12:10 PM
	<b>TIME COMPLETED:</b> 01:11 PM

**ALLEGATION(S):**

1	Resident fell multiple times while in care as the result of neglect, sustaining a fracture and hematoma.
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**INVESTIGATION FINDINGS:**

1	On 02/18/22, Licensing Program Analyst (LPA) L. Salazar arrived at the facility unannounced to deliver
2	findings on the above complaint allegation. LPA was greeted by front desk staff, stated the purpose of the
3	visit, and was allowed entry into the facility. COVID precautionary measures were taken prior to LPA
4	entering the facility.
5	
6	The Department has investigated the above allegation. Through interviews and records review that were
7	conducted, it was documented that Resident R1's health began to decline. R1 was admitted to Hospice
8	on 09/21/21 and moved to the "Generations" Memory Care unit. It was documented that R1 had been
9	non-compliant in using their walker for ambulation. The facility responded immediately, called 911 and
10	sought medical treatment for R1.
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12	Although the allegation may have happened, there is not a preponderance of evident to prove that the
13	alleged violation occurred, therefore the allegation is UNSUBSTANTIATED. Exit interview conducted and
	copy of report was left with Executive Director. No Deficiencies cited on today's visit.

**Unsubstantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Melinda Hoffmann

**NAME OF LICENSING PROGRAM ANALYST:** Lisa Salazar

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 02/18/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/18/2022

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