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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 342700471
Report Date: 09/26/2024
Date Signed: 09/26/2024 10:36:33 AM

Unfounded

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/14/2024** and conducted by Evaluator Cheyenne Ratajczak

	COMPLAINT CONTROL NUMBER: 59-AS-20240814132116

FACILITY NAME:	COGIR OF STOCK RANCH		**FACILITY NUMBER:**	342700471
ADMINISTRATOR:	DAVID JR., RICKY		**FACILITY TYPE:**	740
ADDRESS:	7418 STOCK RANCH RD		**TELEPHONE:**	(916) 725-7418
CITY:	CITRUS HEIGHTS	**STATE:** CA	**ZIP CODE:**	95621
CAPACITY:	99	**CENSUS:** 76	**DATE:**	09/26/2024
		UNANNOUNCED	**TIME BEGAN:**	10:15 AM
MET WITH:	Administrator- Ricky David		**TIME COMPLETED:**	10:45 AM

ALLEGATION(S):

1	Facility did not update Needs and Services Plans for residents
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INVESTIGATION FINDINGS:

1	On 09/26/24, Licensing Program Analyst (LPA) Cheyenne Ratajczak and Graham Gunby arrived at the
2	facility unannounced to deliver findings regarding a complaint the Department received on 08/14/24. LPA
3	met with Executive Director (ED), Ricky David and explained the purpose of the visit.
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5	During the course of the investigation, the Department conducted interviews and obtained pertinent
6	documents relevant to the complaint investigation.
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8	Please continue to LIC9099C…
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Unfounded	Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Laura Munoz
NAME OF LICENSING PROGRAM ANALYST: Cheyenne Ratajczak
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 09/26/2024

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 09/26/2024

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

Control Number 59-AS-20240814132116

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100
SACRAMENTO, CA 95827

FACILITY NAME: COGIR OF STOCK RANCH **FACILITY NUMBER:** 342700471
VISIT DATE: 09/26/2024

NARRATIVE

Allegation: Facility did not update Needs and Services Plans for residents.- Unfounded

The Department reviewed records and conducted interviews to investigate the allegation that the facility did not update Needs and Services Plans for residents.

During the course of the investigation, LPA reviewed the needs and service plans for seven (7) residents who were said to be due for a reassessment during the month of August based off the system that the facility uses. Every six (6) months the system notifies staff that a reassessment is needed. It also notifies staff at the fourteen (14) day mark for a new resident in case changes need to be made to the assessment. Six (6) of the residents were due for a reassessment due to the fact it has been six (6) months since their last one. One (1) resident was due for a reassessment because they had just moved into the facility and was at their fourteen (14) day mark.

During LPAs visit on 08/20/24 Staff #1 (S1) was in the middle of updating the seven (7) residents needs and service plan. S1 explained to LPA that at the beginning of the month they print out all needs and service plans that are due and post in caregiver office. Doing this allows all caregivers to give their input on each resident and make note of things that have changed.

Based on information obtained through interviews, the Department finds the allegation to be **UNFOUNDED,** meaning that the allegation was false, could not have happened and/or is without a reasonable basis.

Exit interview conducted and a copy of the report was left at the facility.

NAME OF LICENSING PROGRAM MANAGER: Laura Munoz
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LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 09/26/2024

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FACILITY REPRESENTATIVE SIGNATURE:
DATE: 09/26/2024