

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 342700471

Report Date: 03/02/2026

Date Signed: 03/02/2026 11:49:02 AM

Unfounded

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/02/2025** and conducted by Evaluator Lavinia Muscan

	COMPLAINT CONTROL NUMBER: 59-AS-20251202083904
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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	ZIP CODE: 95621
CAPACITY: 99	DATE: 03/02/2026
MET WITH: ED Jose Barajas	UNANNOUNCED TIME BEGAN: 11:30 AM
	TIME COMPLETED: 12:05 PM

ALLEGATION(S):

1	Staff are not following universal precautions to prevent the spread of scabies
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INVESTIGATION FINDINGS:

1	On 3/2/26, Licensing Program Analyst (LPA) Lavinia Muscan arrived at the facility unannounced to deliver complaint findings into the allegations listed above and met with ED Jose Barajas.
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4	During the investigation, the Department conducted interviews and reviewed documentation pertinent to the investigation. The results of the investigation are as follows:
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6	Based on observation, record review, and statement reviewed, the facility was following infection control requirements. As a precaution, during the first sign of a rash, facility puts out PPE outside the resident room, notifies staff of the potential of scabies, and an in-service to staff is reviewed on proper
7	handwashing and universal precautions. Facility encouraged residents to stay in their room during the episode. It was observed facility had required PPE outside the resident room; therefore, the allegation is
8	UNFOUNDED. A finding of unfounded means that the allegation is false, could not have happened
9	and/or is without a reasonable basis.
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13	Exit interview conducted. Report left with facility.

Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Laura Munoz

LICENSING EVALUATOR NAME: Lavinia Muscan

LICENSING EVALUATOR SIGNATURE:

DATE: 03/02/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/02/2026

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