

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 345002909  
Report Date: 03/20/2026  
Date Signed: 03/20/2026 04:53:04 PM

### Unsubstantiated

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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/23/2025** and conducted by Evaluator Cassie Yang

	<b>COMPLAINT CONTROL NUMBER: 59-AS-20250623112243</b>
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<b>FACILITY NAME:</b> COGIR OF FOLSOM	<b>FACILITY NUMBER:</b> 345002909
<b>ADMINISTRATOR:</b> TAYLOR, DEBORAH	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 1801 EAST NATOMA STREET	<b>TELEPHONE:</b> (916) 608-0800
<b>CITY:</b> FOLSOM	<b>ZIP CODE:</b> 95630
<b>CAPACITY:</b> 66	<b>DATE:</b> 03/20/2026
<b>MET WITH:</b> Liz Cruz	<b>UNANNOUNCED TIME BEGAN:</b> 04:15 PM
	<b>TIME COMPLETED:</b> 04:55 PM

**ALLEGATION(S):**

1	Staff are not taking steps to prevent the spread of a communicable disease.
2	Staff are not following proper food safety protocols with residents in care.
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Cassie Yang arrived at the facility to delivered the findings of the
2	allegations cited above. LPA met with Exceutive Director and explained the purpose of the visit.
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4	For the allegation of Staff are not taking steps to prevent the spread of a communicable disease, based
5	on information obtained facility did not have a policy restricting residents from having visitors to prevent
6	the spread of a communicable disease. Interview conducted with Executive Director revealed that staff
7	wears masks to prevent spread, along with complying with proper hand hyigene and cleaning. But
8	residents are not required to if refused. Due to most residents' cognitive impairment, some resident
9	refused isolation.
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11	For the allegation of Staff are not following proper food safety protocols with residents in care, based on
12	information obtained, kitchen staff are required to follow proper hand washing protocol. The alleged
13	incident occurred was in reference to a hamburger being undercooked but there are no evidence of the
	alleged event. Please continue on LIC 9099-C.

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Anthony Perez  
**LICENSING EVALUATOR NAME:** Cassie Yang  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 03/20/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/20/2026

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

LIC9099 (FAS) - (06/04)

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**Control Number** 59-AS-20250623112243

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

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** COGIR OF FOLSOM

**FACILITY NUMBER:** 345002909

**VISIT DATE:** 03/20/2026

### NARRATIVE

1 LIC 9099-C

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Interview conducted with Executive Director revealed that hamburger at the facility may be served a certain way but request of the resident. Interview conducted with resident (R1) revealed that R1 cannot recalled being served undercooked hamburger. With the information obtained, the allegations are unsubstantiated.

As a result of this investigation, it was determined the allegations are to be (US)Unsubstantiated - A finding that the complaint is Unsubstantiated means that although the allegation may have happened or is valid, there is no preponderance of evidence to prove that the alleged violation occurred.

Exit interview and a copy of the report was provided.

**SUPERVISORS NAME:** Anthony Perez  
**LICENSING EVALUATOR NAME:** Cassie Yang  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 03/20/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/20/2026

LIC9099 (FAS) - (06/04)

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