

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# COMPLAINT INVESTIGATION REPORT

Facility Number: 347003712  
Report Date: 02/19/2025  
Date Signed: 02/19/2025 12:15:07 PM

## Unsubstantiated

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100<br>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 **05/16/2024** and conducted by Evaluator Cheyenne Ratajczak

|  |   |
|--|---|
|  | <b>COMPLAINT CONTROL NUMBER: 59-AS-20240516125100</b> |
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|  |   |
|--|---|
| <b>FACILITY NAME:</b> BROOKDALE SYLVAN RANCH | <b>FACILITY NUMBER:</b> 347003712         |
| <b>ADMINISTRATOR:</b> JERILYN PUROL          | <b>FACILITY TYPE:</b> 740                 |
| <b>ADDRESS:</b> 7375 STOCK RANCH RD          | <b>TELEPHONE:</b> (916) 729-2722          |
| <b>CITY:</b> CITRUS HEIGHTS                  | <b>STATE:</b> CA <b>ZIP CODE:</b> 95621   |
| <b>CAPACITY:</b> 56                          | <b>CENSUS:</b> 35 <b>DATE:</b> 02/19/2025 |
| <b>MET WITH:</b> Jerilyn Purol               | <b>UNANNOUNCED TIME BEGAN:</b> 09:50 AM   |
|  | <b>TIME COMPLETED:</b> 12:20 PM           |

**ALLEGATION(S):**

|   |   |
|---|---|
| 1 | Staff does not administer residents medication as prescribed                  |
| 2 | Lack of care and supervision resulting in residents sustaining multiple falls |
| 3 | Facility is not following food preparation safety procedures                  |
| 4 | Staff serve expired and spoiled food to residents in care                     |
| 5 |   |
| 6 |   |
| 7 |   |
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**INVESTIGATION FINDINGS:**

|    |   |
|----|---|
| 1  | On 02/19/2025, Licensing Program Analyst (LPA) Cheyenne Ratajczak and Licensing Program                 |
| 2  | Manager (LPA) Laura Munoz arrived at the facility unannounced to deliver final findings for a complaint |
| 3  | Community Care Licensing (CCL) received on 05/16/2024. LPA and LPM met with Executive Director          |
| 4  | (ED) Jerilyn Purol and explained the purpose of the visit.  |
| 5  |   |
| 6  | During the course of the investigation, the Department conducted interviews and obtained pertinent      |
| 7  | documents relevant to the complaint investigation.  |
| 8  |   |
| 9  | Please continue to LIC09099...  |
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| 12 |   |
| 13 |   |

**Unsubstantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Laura Munoz  
**NAME OF LICENSING PROGRAM ANALYST:** Cheyenne Ratajczak  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 02/19/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/19/2025

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

LIC9099 (FAS) - (06/04)

Page: 1 of 5

**Control Number** 59-AS-20240516125100

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 (Cont)

**FACILITY NAME:** BROOKDALE SYLVAN RANCH

**FACILITY NUMBER:** 347003712

**VISIT DATE:** 02/19/2025

### NARRATIVE

- 1 **Allegation: Staff does not administer residents medication as prescribed**
  - 2 On 02/19/2025 LPA and LPM conducted a medication audit for three (3) residents. Resident #1 (R1) did
  - 3 have a discontinued medication with their current meds but it has not been given to the resident since it
  - 4 was discontinued. Additionally, R1 was out of a medication but the facility is waiting for the refill. Based
  - 5 upon the information obtained during investigation, the above allegation is unsubstantiated. A finding
  - 6 that the complaint is **UNSUBSTANTIATED** means that although the allegation may have happened or is
  - 7 valid, there is not a preponderance of the evidence to prove that the alleged violation occurred.
  - 8 **Allegation: Lack of care and supervision resulting in residents sustaining multiple falls**
  - 9 During the course of the investigation LPAs interviewed facility staff. Interviews with staff revealed that
  - 10 the facility does have a handful of residents who are a fall risk. All staff are aware of which residents are
  - 11 a fall risk as well as their care needs. LPA reviewed all Unusual Incidents Reports (UIRs) regarding falls
  - 12 from May 2024 to September 2024. LPA found no discrepancies with falls and that the facility
  - 13 documented the falls as required with follow ups as necessary. Additionally, LPA reviewed the Post Fall
  - 14 Evaluation for six (6) residents. Based upon the information obtained during investigation, the above
  - 15 allegation is unsubstantiated. A finding that the complaint is **UNSUBSTANTIATED** means that although
  - 16 the allegation may have happened or is valid, there is not a preponderance of the evidence to prove that
  - 17 the alleged violation occurred.
  - 18 **Allegation: Facility is not following food preparation safety procedures**
  - 19 On 05/22/2024 LPA Ratajczak and LPA Hiratsuka conducted staff interviews which indicated staff are
  - 20 trained on proper food preparation procedures. On 02/19/2025 LPA and LPM conducted a tour of the
  - 21 facility kitchen. Based upon the information obtained during investigation, the above allegation is
  - 22 unsubstantiated. A finding that the complaint is **UNSUBSTANTIATED** means that although the allegation
  - 23 may have happened or is valid, there is not a preponderance of the evidence to prove that the alleged
  - 24 violation occurred.
  - 25 **Allegation: Staff serve expired and spoiled food to residents in care**
  - 26 On 05/22/2024 LPA Ratajczak and LPA Hiratsuka conducted staff interviews. Staff interviews indicated
  - 27 they have not observed any expired or spoiled food. Additionally, 02/19/2025 LPA and LPM conducted a
  - 28 tour of the facility kitchen, which included looking at facilities perishable and non-perishable foods. LPA
  - 29 and LPM did not observe any spoiled or expired food. Based upon the information obtained during
  - 30 investigation, the above allegation is unsubstantiated. A finding that the complaint is
  - 31 **UNSUBSTANTIATED** means that although the allegation may have happened or is valid, there is not a
  - 32 preponderance of the evidence to prove that the alleged violation occurred.
- Exit interview conducted and a copy of the report and appeal rights was left at the facility.

**NAME OF LICENSING PROGRAM MANAGER:** Laura Munoz  
**NAME OF LICENSING PROGRAM ANALYST:** Cheyenne Ratajczak  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 02/19/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/19/2025

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**COMPLAINT CONTROL NUMBER: 59-AS-20240516125100**

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**FACILITY NUMBER:** 347003712

**ADMINISTRATOR:** JERILYN PUROL

**FACILITY TYPE:** 740

**ADDRESS:** 7375 STOCK RANCH RD

**TELEPHONE:** (916) 729-2722

**CITY:** CITRUS HEIGHTS

**STATE:** CA

**ZIP CODE:** 95621

**CAPACITY:** 56

**CENSUS:** 35

**DATE:** 02/19/2025

**MET WITH:** Jerilyn Purol

**UNANNOUNCED TIME BEGAN:** 09:50 AM

**TIME COMPLETED:** 12:20 PM

**ALLEGATION(S):**

- 1 Staff handled resident in a rough manner.
- 2 Lack of care and supervision resulting in resident's sustaining pressure injuries.
- 3 Facility is not providing incontinence care products.
- 4 Facility is not addressing the pests issue.
- 5
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**INVESTIGATION FINDINGS:**

- 1 On 02/19/2025, Licensing Program Analyst (LPA) Cheyenne Ratajczak and Licensing Program
- 2 Manager (LPA) Laura Munoz arrived at the facility unannounced to deliver final findings for a complaint
- 3 Community Care Licensing (CCL) received on 05/16/2024. LPA and LPM met with Executive Director
- 4 (ED) Jerilyn Purol and explained the purpose of the visit.
- 5
- 6 During the course of the investigation, the Department conducted interviews and obtained pertinent
- 7 documents relevant to the complaint investigation.
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- 9 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

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LIC9099 (FAS) - (06/04)

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**COMPLAINT INVESTIGATION REPORT  
(Cont)**

**FACILITY NAME:** BROOKDALE SYLVAN RANCH

**FACILITY NUMBER:** 347003712

**VISIT DATE:** 02/19/2025

**NARRATIVE**

**Allegation: Staff handled resident in a rough manner.- Unfounded**

On 05/02/24 LPA Ratajczak conducted a case management visit to gather additional information regarding an unusual incident/injury report that was sent to Community Care Licensing (CCL) on 04/25/2024. That report indicated that Staff #1 (S1) allegedly used force to redirect a resident from another resident's room. LPA interviewed the Executive Director (ED), Jerilyn Purol and S1. This resident was no longer walking and would crawl to get around the facility. On this particular day, S1 was redirecting R1 out of another resident's bedroom. S1 and R1 were holding hands as R1 was crawling out of the bedroom. Interviews indicated it could have been perceived as if R1 was being dragged however because R1 ambulated by crawling, R1 would request that staff hold their hand for assistance. Based on information obtained through interviews and file review 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.

**Allegation: Lack of care and supervision resulting in resident's sustaining pressure injuries. - Unfounded**

LPA conducted a record review for R2 who had documented pressure injuries. R2's resident file indicated that although R2 had pressure injuries, R2 was receiving Hospice services. Wounds were being monitored and cared for by Hospice staff. Based on information obtained through file review 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.

**Allegation: Facility is not providing incontinence care products. - Unfounded**

Interview with ED, Jerilyn Purol, revealed that the facility does not provide incontinence care products for residents. The facility does have a program called Personal Solutions. Residents can sign up for an auto-ship program where their personal products, including incontinence supplies, are shipped directly to the facility. Many families provide the residents with their incontinence care products and have them shipped to the facility from Amazon. Residents who are on hospice are provided with incontinence care products from the hospice agency. 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.

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(Cont)**

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**NARRATIVE**

**Allegation: Facility is not addressing the pests issue. - Unfounded**

Interviews with staff revealed that they have seen cockroaches in the facility on occasion. During LPAs visit no pests were observed. Interview with ED, erilyn Purol revealed that the facility has Ecolab come out monthly. Facility keeps a binder with documentation of each of their visits. Some of the things that Ecolab has sprayed for are cockroaches, ants, flies, silkworms and more. Based on information obtained through interviews and file review 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 and appeal rights was left at the facility.

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