

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 347003712

Report Date: 03/17/2026

Date Signed: 03/17/2026 09:29:54 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 **02/24/2026** and conducted by Evaluator Cassandra Mikkelson

	COMPLAINT CONTROL NUMBER: 59-AS-20260224144459
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FACILITY NAME: BROOKDALE SYLVAN RANCH	FACILITY NUMBER: 347003712
ADMINISTRATOR: JERILYN PUROL	FACILITY TYPE: 740
ADDRESS: 7375 STOCK RANCH RD	TELEPHONE: (916) 729-2722
CITY: CITRUS HEIGHTS	ZIP CODE: 95621
CAPACITY: 56	DATE: 03/17/2026
MET WITH: Jerilyn Purol, Executive Director	UNANNOUNCED TIME BEGAN: 09:20 AM
	TIME COMPLETED: 09:40 AM

ALLEGATION(S):

1	Licensee is not following infection control requirements
2	Licensee is not preventing the spread of scabies
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INVESTIGATION FINDINGS:

1	Licensed Program Analyst (LPA) Cassandra Mikkelson arrived at the facility unannounced and met with Executive Director Jerilyn Purol to deliver findings for the above complaint allegation.
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3	
4	During the investigation, LPA conducted interviews, conducted a tour of the facility, and reviewed documentation pertinent to the investigation.
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7	The results of the investigation are as follows:
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9	*** Report continued on 9099-C***
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Unfounded	Estimated Days of Completion: 10
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SUPERVISORS NAME: Laura Munoz
LICENSING EVALUATOR NAME: Cassandra Mikkelson
LICENSING EVALUATOR SIGNATURE:

DATE: 03/17/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/17/2026

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-20260224144459

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: 03/17/2026

NARRATIVE

1 **Licensee is not following infection control requirements.**

2
3 Records reviewed indicated that facility's infection control plan is up to date and would be followed in
4 case of an infectious outbreak. Facility staff have yearly training on infection control and prevention.
5 Interviews conducted indicated that no current infectious outbreak has been reported at the facility. Staff
6 are all aware and knowledgeable on what to do if/when an outbreak occurs and how to prevent the
7 infection from spreading to the best of their ability.
8

9 **Licensee is not preventing the spread of scabies.**

10
11 Records reviewed indicated that there is no current outbreak of scabies or any other infectious disease
12 at the facility. Staff are trained on a yearly basis, if not more often, on what to do in case of an infectious
13 disease outbreak at the facility and how to prevent potential spread. Records of residents reviewed
14 indicated that no residents currently have any diagnosis of scabies.
15

16 Based on records reviewed and interviews, LPA finds the above allegations to be UNFOUNDED-
17 meaning that the allegations were false, could not have happened and/or is without reasonable basis.
18 Exit interview conducted with the Administrator. Copy of report was given to facility.
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LICENSING EVALUATOR NAME: Cassandra Mikkelson
LICENSING EVALUATOR SIGNATURE:

DATE: 03/17/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/17/2026

LIC9099 (FAS) - (06/04)

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