

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 037001001
Report Date: 08/04/2026
Date Signed: 08/04/2026 04:33:57 PM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH 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 07/27/2026 and conducted by Evaluator Kimberly Viarella

	COMPLAINT CONTROL NUMBER: 27-AS-20260727164010
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FACILITY NAME:	GOLD QUARTZ INN RETIREMENT HOME	FACILITY NUMBER:	037001001
ADMINISTRATOR:	LOREEN HICKMAN	FACILITY TYPE:	740
ADDRESS:	15 BRYSON DRIVE	TELEPHONE:	(209) 267-9155
CITY:	SUTTER CREEK	ZIP CODE:	95685
CAPACITY:	47	DATE:	08/04/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	10:30 AM
	CENSUS: 35	TIME	03:00 PM
MET WITH:	Loreen Hickman, Executive Director	COMPLETED:	

ALLEGATION(S):

1	Staff are not following proper infection control protocols with residents in care.
2	Facility is not reporting infectious conditions as required.
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INVESTIGATION FINDINGS:

1	On 08/04/26, Licensing Program Analyst (LPA) Kimberly Viarella made an unannounced visit to this facility to open an investigation into the above allegations. LPA identified herself upon arrival, stated the purpose of the visit, and asked to meet with the Designated Facility Administrator. LPA met with
2	Executive Director (ED) Loreen Hickman and a brief interview followed.
3	
4	LPA requested the following documents:
5	Staff roster for all care staff, medication technicians, and housekeeping
6	Schedules for May, June, and July 2026
7	Medical reports/test results, and Medication Records for R1 and R2 for June and July 2026
8	
9	LPA reviewed medical documents for Resident R1. On 05/12/26, a home health nurse reported that R1
10	had a rash and suspected scabies. The ED stated that the home health nurse reported this information to
11	the doctor and an appointment was made for R1 with a dermatologist on 05/21/26. During that visit,
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13	

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Lisa Rios	
LICENSING EVALUATOR NAME: Kimberly Viarella	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/04/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/04/2026

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 4
Control Number 27-AS-20260727164010

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

FACILITY NAME: GOLD QUARTZ INN RETIREMENT HOME **FACILITY NUMBER:** 037001001
VISIT DATE: 08/04/2026

NARRATIVE	
1	a specific diagnosis was not determined and a biopsy was conducted. LPA reviewed the biopsy report
2	dated 05/21/26 which still did not confirm or rule out a diagnosis of scabies.
3	
4	LPA reviewed the Electronic Medication Administration Record for R1 and learned the following. R1 was
5	treated with Ivermectin and Permethrin on 05/29/26 and again on 06/05/26.
6	
7	The ED stated that an incident was not sent to Community Care Licensing (CCL) regarding the possible
8	diagnosis and treatment for scabies. They also stated that although they notified R1's responsible party
9	regarding R1 potentially having scabies. LPA contacted the the responsible party who they were not
10	notified. R1 had been complaining about the rash they had, and their responsible party called to make
11	the appointment with a dermatologist. Home health initially reported their suspicions for R1 potentially
12	having scabies on 05/12/26 and they were not quarantined and kept separate from other residents in
13	care. The ED stated that they thought the home health nurse would contact the family and the PCP so
14	the facility did not. R1 did not receive a medical evaluation until 9 days later on 05/21/26 when the
15	responsible party took R1 due to their complaints regarding their rash. The evaluation was inconclusive
16	and a biopsy was performed. The results remained inconclusive - they neither confirmed nor ruled out
17	scabies. R1 was not quarantined. R1 received treatment 8 days later on 05/29/26 and again on
18	06/05/26. R1 was quarantined from 05/29/26 until 06/02/26. During that time period, R1 was relocated to
19	another room so their room could be deep cleaned. Although it was not confirmed the rash was from
20	something contagious, it still was a possibility and infection protocols should have been implemented.
21	
22	According to the California Code of Regulations, Title 22, the facility is responsible for notifying CCL, the
23	resident's primary care physician, and their responsible party whenever there is a change of condition or
24	an unusual incident. Based on a review of records and interviews with the responsible party and the ED,
25	the department found the allegations, "Staff are not following proper infection control protocols with
26	residents in care," and "Facility is not reporting infectious conditions as required," SUBSTANTIATED.
27	These deficiencies have been cited on the LIC 9099D page.
28	
29	
30	No other deficiencies were observed or cited during today's visit, a copy of this report was provided and
31	an exit interview was conducted with Hickman.
32	

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COMPLAINT INVESTIGATION REPORT (Cont)

ROAD, SUITE 100
SACRAMENTO, CA 95827

FACILITY NAME: GOLD QUARTZ INN RETIREMENT HOME
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 037001001
VISIT DATE: 08/04/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 09/16/2026 Section Cited CCR 87470	1 CCR 87470 Infection Control 2 3 The above regulation was not met as 4 evidenced by: 5 6 7	1 The ED will be bringing in an outside 2 service to conduct an training on 3 infectious diseases/conditions with all 4 staff. ED will send the agenda with the 5 facilitor's contact information and a 6 signature sheet for all participants. 7
	8 Based on a review of medical records 9 and interviews with the ED and the 10 responsible party for R1, the facility was 11 aware of a potentially infectious 12 condition and did not implement 13 infection control protocols. This posed a 14 potential threat to the health, safety and personal rights of residents in care.	
Type B 08/31/2026 Section Cited CCR 87211(a)(1)	1 (a) Each licensee shall furnish to the 2 licensing...(1) A written report shall be 3 submitted to the licensing agency and 4 to the person responsible for the 5 resident within seven days...specified in 6 (A) through (D) below... The above 7 regulation was not met as evidenced by:	1 ED will have a training on reporting 2 requirements with all staff. ED will send 3 the agenda with the facilitor's contact 4 information and a signature sheet for all 5 participants. 6 7
	8 Based on interviews with the ED and 9 the responsible party for R1, the facility 10 did not send an LIC 624 to CCL, it did 11 not notify the PCP and it did not contact 12 the resposble party for R1. This posed 13 a potential threat to the health, safety 14 and personal rights of residents in care.	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

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Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 08/31/2026 Section Cited	1 87465 Incidental Medical and Dental 2 Care (a)...shall be developed by each 3 ...(1) The licensee shall arrange, or	1 2 3

CCR 87465(a)(1)	4 5 6 7	assist in arranging, for medical and dental care appropriate to the conditions and needs of residents. The above regulation was not met as evidenced by:	4 5 6 7	
	8 9 10 11 12 13 14	Based on interviews with the ED, the responsible party for R1, and a review of medical records, the facility waiting 9 days after home health notified them that R1 might have scabies. This posed a potential threat to the health, safety and personal rights of residents in care.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

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