

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 392701374
Report Date: 07/15/2025
Date Signed: 07/15/2025 12:04:53 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 **05/21/2025** and conducted by Evaluator Michael Bilger

	COMPLAINT CONTROL NUMBER: 27-AS-20250521091347
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FACILITY NAME: CHEROKEE RETIREMENT HOME INC	FACILITY NUMBER: 392701374
ADMINISTRATOR: SINGH, JAGTAR	FACILITY TYPE: 740
ADDRESS: 4124 CHEROKEE ROAD	TELEPHONE: (209) 518-1908
CITY: STOCKTON	STATE: CA
CAPACITY: 15	ZIP CODE: 95215
MET WITH: Jagtar Singh	CENSUS: 0
	DATE: 07/15/2025
	UNANNOUNCED TIME BEGAN: 11:05 AM
	TIME COMPLETED: 12:15 PM

ALLEGATION(S):

1	Illegal eviction
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INVESTIGATION FINDINGS:

1	On 7-15-2025 at 11:05am, Licensing Program Analyst (LPA) Michael Bilger arrived unannounced to
2	deliver findings for the allegation noted above. LPA met with Licensee/Administrator (S1) Jagtar Singh
3	and explained the purpose of the visit. During this investigation LPA conducted interview with S1 and
4	reviewed admission agreement for resident1 (R1). Additionally, LPA conducted a facility observation as
5	part of this investigation.
6	
7	Allegation: Illegal eviction. Based on interview and observation, it was revealed that a section of a ceiling
8	in the living room area of the facility became damaged resulting in dust particles and other debris in the
9	room. Interview revealed there were two residents living at the facility at the time including R1 who were
10	sent to the hospital by licensee after the damage occurred for safety reasons.
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12	{Cont. on 9099C}
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Substantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Liza King
NAME OF LICENSING PROGRAM ANALYST: Michael Bilger
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/15/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/15/2025

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 27-AS-20250521091347

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: CHEROKEE RETIREMENT HOME INC

FACILITY NUMBER: 392701374

VISIT DATE: 07/15/2025

NARRATIVE

1 Both residents were transported via ambulance. Further investigation and interview revealed that S1 did
2 not utilize the emergency disaster protocol for temporary placement, and informed conservators to find
3 residents new places to live as there was no intention of accepting residents back, and did not provide a
4 written notice of eviction. Additionally, it was revealed that R1 received a verbal notice of eviction due to
5 renovations in March 2025 without a formal written notice to accompany verbal notice per regulatory
6 requirements.

8 As a result, the preponderance of evidence standard is met, and this allegation is SUBSTANTIATED.
9 Citation is issued under Title 22, Division 6 and noted on LIC 9099D. Civil penalty in the amount of \$250
10 is issued in addition to citation due to repeat violation of Section 87224(a) within a 12-month period. An
11 exit interview was conducted with S1 and a copy of this report was provided. Appeal rights and LIC 811
12 provided.

NAME OF LICENSING PROGRAM MANAGER: Liza King
NAME OF LICENSING PROGRAM ANALYST: Michael Bilger
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/15/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/15/2025

LIC9099 (FAS) - (06/04)

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Control Number 27-AS-20250521091347

**COMPLAINT INVESTIGATION REPORT
 (Cont)**

FACILITY NAME: CHEROKEE RETIREMENT HOME INC
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 392701374
VISIT DATE: 07/15/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 07/25/2025 Section Cited CCR 87224(a)	1 87224(a) Eviction Procedures. (a).The 2 licensee may evict a resident for one or 3 more of the reasons listed in Section 4 87224(a)(1) through (5). Thirty (30) 5 days written notice to the resident is 6 required except as otherwise specified 7 in paragraph (5). This requirement was not met as evidenced by:	1 Licensee is not currently providing care 2 for residents at this time and planning 3 renovations. 4 Licensee to read regulation 87224 and 5 submit a signed statement of 6 understanding to LPA by POC due 7 date.
	8 Based on interview and record review, 9 Licensee verbally expressed notice of 10 eviction after property damage; 11 licensee did not provide a written notice 12 of eviction to R1. This posed a potential 13 health, safety, and resident rights risk to 14 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.

NAME OF LICENSING PROGRAM MANAGER: Liza King
NAME OF LICENSING PROGRAM ANALYST: Michael Bilger
LICENSING PROGRAM ANALYST SIGNATURE: _____ **DATE:** 07/15/2025

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FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 07/15/2025

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This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/21/2025** and conducted by Evaluator Michael Bilger

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CITY: STOCKTON
CAPACITY: 15

TELEPHONE: (209) 518-1908
STATE: CA **ZIP CODE:** 95215
CENSUS: 0 **DATE:** 07/15/2025
UNANNOUNCED TIME BEGAN: 11:05 AM
TIME COMPLETED: 12:15 PM

MET WITH: Jagtar Singh

ALLEGATION(S):

1	Staff did not assist resident with obtaining medical care
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INVESTIGATION FINDINGS:

1	On 7-15-2025 at 11:05am, Licensing Program Analyst (LPA) Michael Bilger arrived unannounced to
2	deliver findings for the allegation noted above. LPA met with Licensee/Administrator (S1) Jagtar Singh
3	and explained the purpose of the visit. During this investigation LPA conducted interviews with S1, S2,
4	and additional witness and reviewed admission agreement, needs and services plan, physician's report,
5	admissions agreement, medication prescriptions, medical records, and discharge paperwork all
6	pertaining to resident1 (R1).
7	Allegation: Staff did not assist resident with obtaining medical care. LPA conducted interviews and record
8	reviews as noted above. Based on interviews and record reviews, it was revealed that R1 resided at
9	facility until approximately the later part of March 2025. Interviews and record review further revealed that
10	during R1's residency, R1 was treated for a rash locate on backside and buttocks area.
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12	{Cont. on 9099C}
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Unsubstantiated	Estimated Days of Completion:
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NAME OF LICENSING PROGRAM MANAGER: Liza King	
NAME OF LICENSING PROGRAM ANALYST: Michael Bilger	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 07/15/2025

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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/15/2025
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Control Number 27-AS-20250521091347

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: CHEROKEE RETIREMENT HOME INC **FACILITY NUMBER:** 392701374
VISIT DATE: 07/15/2025

NARRATIVE	
1	Record reviews revealed that a prescription for Triamcinolone cream was given on 4-24-2024 to treat an
2	observed rash. Records also reveal that R1 was seen by physician on 6-24-2024 for a check up at
3	which time itchininess and rash were observed and treated. Medication Triamcinolone was increased in
4	strength during this visit. An additional prescription for Triamcinolone was prescribed on 10-25-2024.
5	Record review further indicated R1 was seen by physician on 10-30-2024 for a follow up and noted with
6	Erythema and lesion on multiple parts of body. Medication Temovate was started during this visit.
7	Interviews conducted revealed R1 was given medication as prescribed. LPA reviewed medication
8	prescription orders as part of documentation review. Additional interviews revealed that on later part of
9	March 2025, R1 discharged from facility, and on or about 5-20-2025 was taken to physician by another
10	party and diagnosed with Herpes 1 and 2. Based on interviews and records review in this investigation,
11	there are no additional corroborated statements or evidence to indicate facility did not assist R1 with
12	obtaining medical treatment for observed rashes during R1's residency. Furthermore, there is no
13	additional evidence to support the diagnosis of Herpes 1 and 2 occurring as a result of facility not

14 assisting with medical treatment as R1 discharged in March 2025 and diagnosed in May 2025 with the
15 condition.

16
17 As a result, the preponderance of evidence standard is not met, and this allegation is
18 UNSUBSTANTIATED. A finding of unsubstantiated means the allegation may have happened or is valid,
19 but there is not a preponderance of the evidence to prove that the alleged violation occurred. An exit
20 interview was conducted with Licensee/Administrator and a copy of this report was provided. Appeal
21 rights provided.

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