

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 455002786
Report Date: 07/16/2024
Date Signed: 07/16/2024 08:32:00 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 **06/27/2024** and conducted by Evaluator Farhaan Sarangi

	COMPLAINT CONTROL NUMBER: 59-AS-20240627123142
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FACILITY NAME: OAKDALE HEIGHTS OF REDDING	FACILITY NUMBER: 455002786
ADMINISTRATOR: BOBAN, KRISTINE	FACILITY TYPE: 740
ADDRESS: 101 QUARTZ HILL RD	TELEPHONE: (530) 241-6047
CITY: REDDING	STATE: CA
CAPACITY: 85	ZIP CODE: 96003
	CENSUS: 59
	DATE: 07/16/2024
	UNANNOUNCED TIME BEGAN: 08:00 AM
MET WITH: Business Office Manager, Debbie Chamberlain	TIME COMPLETED: 08:30 AM

ALLEGATION(S):

1	Facility staff are not properly addressing an outbreak of scabies.
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INVESTIGATION FINDINGS:

1	On July 16, 2024 at approximately 08:00 AM, Licensing Program Analyst (LPA), Farhaan Sarangi arrived
2	unannounced at Oakdale Heights of Redding for the purpose of delivering complaint findings. Upon
3	arrival, LPA was greeted at the door by Business Office Manager, Debbie Chamberlain, and was granted
4	access into the facility. Also participating by telephone was the Administrator, Debbie Chamberlain.
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6	During the investigation process, LPA interviewed the Administrator, a former staff member and reviewed
7	facility records.
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9	Based on interviews that were conducted, LPA learned that the outbreak of scabies was not at this facility
10	and was at a different licensed facility. LPA reviewed the Illness and Prevention Program Operation and
11	found that to be sufficient.
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13	(Report continued on LIC 9099C)

Unfounded

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Lauren Crocker
NAME OF LICENSING PROGRAM ANALYST: Farhaan Sarangi
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/16/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/16/2024

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 2

Control Number 59-AS-20240627123142

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: OAKDALE HEIGHTS OF REDDING

FACILITY NUMBER: 455002786

VISIT DATE: 07/16/2024

NARRATIVE

1 The above allegation is found to be UNFOUNDED. A finding that the allegation is unfounded means that
2 the allegation is false, could not have happened, and/or is without a reasonable basis. Exit interview was
3 conducted and a copy of this report was emailed to the Administrator.
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NAME OF LICENSING PROGRAM MANAGER: Lauren Crocker
NAME OF LICENSING PROGRAM ANALYST: Farhaan Sarangi
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/16/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/16/2024

LIC9099 (FAS) - (06/04)

Page: 2 of 2