

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 455002959

Report Date: 07/17/2025

Date Signed: 07/17/2025 11:34:32 AM

Substantiated

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 **04/23/2025** and conducted by Evaluator Kayla Adkison

PUBLIC	COMPLAINT CONTROL NUMBER: 59-AS-20250423134418
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FACILITY NAME: SUNDIAL ASSISTED LIVING	FACILITY NUMBER: 455002959
ADMINISTRATOR: ELIZABETH AMLIN	FACILITY TYPE: 740
ADDRESS: 395 HILLTOP DRIVE	TELEPHONE: (530) 241-2900
CITY: REDDING	STATE: CA
CAPACITY: 65	ZIP CODE: 96003
	CENSUS: 32
	DATE: 07/17/2025
	UNANNOUNCED TIME BEGAN: 10:30 AM
MET WITH: Sherrill Denny, LVN and Michelle Decoito, Business Office Manager.	TIME COMPLETED: 12:00 PM

ALLEGATION(S):

1	Staff are not taking steps to prevent the spread of a communicable disease.
2	Staff do not ensure staff are properly trained.
3	Staff do not ensure facility has adequate Personal Protective Equipment (PPE) supplies.
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INVESTIGATION FINDINGS:

1	On July 17, 2025, Licensing Program Analyst (LPA) Kayla Adkison arrived at the facility unannounced to
2	deliver final findings regarding a complaint that was received on 04/23/25. LPA Adkison met with Sherrill
3	Denny, LVN and Michelle Decoito, Business Office Manager, and explained the purpose of the visit.
4	
5	Allegation: Staff are not taking steps to prevent the spread of a communicable disease.
6	with Sherrill
7	During the interview process, the Administrator, Wellness Services Director and several staff persons
8	were interviewed. Documents were obtained to include Physicians Reports, Emergency Information,
9	Appraisals and Needs, Admission Agreements, hospital notes, staff person names and contact numbers.
10	
11	Continued on LIC 9099-C.
12	
13	

Substantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Lauren Crocker
NAME OF LICENSING PROGRAM ANALYST: Kayla Adkison
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/17/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/17/2025

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 59-AS-20250423134418

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: SUNDIAL ASSISTED LIVING

FACILITY NUMBER: 455002959

VISIT DATE: 07/17/2025

NARRATIVE

1 During the investigation, it was reported that there were two residents (Resident 1 and Resident 2) that
2 were at the facility and diagnosed with Methicillin-Resistant Staphylococcus Aureus (MRSA), which is
3 highly contagious. It was stated that Resident 1 was in the facility with MRSA during the month of April
4 2025. It was reported that Resident 2 was in the facility with MRSA during the month of June 2025. It
5 was stated that initially, staff were not given the information or directive that residents had MRSA.
6

7 Based on investigation observations, interviews, and record review(s), the preponderance of evidence
8 standard has been met, therefore the above allegation is found to be Substantiated. California Code of
9 Regulations, (Title 22), is cited on the attached LIC 9099D.
10

11 Allegation: Staff do not ensure staff are properly trained.
12

13 During the interview process, the Administrator, Wellness Services Director and several staff persons
14 were interviewed. Documents were obtained to include Physicians Reports, Emergency Information,
15 Appraisals and Needs, Admission Agreements, hospital notes, staff person names and contact
16 numbers.
17

18 During the investigation, it was reported that there were two residents (Resident 1 and Resident 2) that
19 were at the facility and diagnosed with Methicillin-Resistant Staphylococcus Aureus (MRSA). It was
20 stated by several persons that the medication technicians and care providers were not provided with
21 training regarding providing care and supervision with residents that have MRSA. It was reported that
22 management gave a verbal instruction; however, no formal training.
23

24 Training did not include documentation from an appropriately skilled professional stating what aspects of
25 care will be delegated to facility staff responsible for the care and that the appropriately skilled
26 professional will train those staff persons prior to delegating care.
27

28 Based on investigation observations and interviews which were conducted and record review(s), the
29 preponderance of evidence standard has been met, therefore the above allegation is found to be
30 Substantiated. California Code of Regulations, (Title 22), is cited on the attached LIC 9099D.
31
32

Report Continued on additional LIC 9099-C

NAME OF LICENSING PROGRAM MANAGER: Lauren Crocker
NAME OF LICENSING PROGRAM ANALYST: Kayla Adkison
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/17/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/17/2025

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
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FACILITY NAME: SUNDIAL ASSISTED LIVING

FACILITY NUMBER: 455002959

VISIT DATE: 07/17/2025

NARRATIVE	
1	Allegation: Staff do not ensure facility has adequate Personal Protective Equipment (PPE) supplies.
2	
3	During the interview process, the Administrator, Wellness Services Director, and several staff persons
4	were interviewed. Documents were obtained to include Physicians Reports, Emergency Information,
5	Appraisals and Needs, Admission Agreements, hospital notes, staff person names and contact
6	numbers.
7	
8	During the investigation, it was reported that there were two residents (Resident 1 and Resident 2) that
9	were at the facility and diagnosed with Methicillin-Resistant Staphylococcus Aureus (MRSA). Staff were
10	advised to use gloves; however, were not told of the importance to use Personal Protective Equipment
11	(PPE) to include gloves, mask, gown and foot booties.
12	
13	Based on investigation observations and interviews which were conducted and record review(s), the
14	preponderance of evidence standard has been met, therefore the above allegation is found to be
15	Substantiated. California Code of Regulations, (Title 22), is cited on the attached LIC 9099D.
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NAME OF LICENSING PROGRAM MANAGER: Lauren Crocker NAME OF LICENSING PROGRAM ANALYST: Kayla Adkison LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 07/17/2025
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/17/2025
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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
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FACILITY NAME: SUNDIAL ASSISTED LIVING

FACILITY NUMBER: 455002959

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/17/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/18/2025	1 Personal Rights - In addition to the 2 rights listed in Section 87468.1,	1 POC – The administrator agrees to 2 ensure that all staff providing care and

Section Cited CCR 87468.2(a)(4)	3 Personal Rights of Residents in All 4 Facilities, residents in privately 5 operated residential care facilities for 6 the elderly shall have all of the following 7 personal rights: To care, supervision, and services that meet their individual needs and are delivered by staff that are sufficient in numbers, qualifications, and competency to meet their needs.	3 supervision are aware that the 4 residents have/had MRSA. The 5 administrator shall submit to the 6 licensing agency that she agrees with 7 the regulation by end of business 07/18/2025
	8 This requirement was not met as 9 evidenced by: Based on interviews and 10 records reviewed, the 11 licensee/administrator did not ensure 12 that all staff were aware that residents 13 had Methicillin-Resistant 14 Staphylococcus Aureus (MRSA), or other serious infection. This poses an immediate risk to residents in care.	8 The administrator has since ensured 9 that MRSA training was provided to all 10 medication technicians and care 11 providers. The administrator shall 12 submit to the licensing agency a sign in 13 sheet signed by the providers that they 14 did receive training by end of business 07/18/2025
Type A 07/18/2025 Section Cited CCR 87411(a)	1 Personnel Requirements, General - 2 Facility personnel shall at all times be 3 sufficient in numbers, and competent to 4 provide the services necessary to meet 5 resident needs... 6 7	
	8 This requirement was not met as 9 evidenced by: Based on interviews and 10 records reviewed, the 11 licensee/administrator did not provide 12 formal training to staff regarding 13 Methicillin-Resistant Staphylococcus 14 Aureus (MRSA). This poses an immediate risk to 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: Lauren Crocker NAME OF LICENSING PROGRAM ANALYST: Kayla Adkison LICENSING PROGRAM ANALYST SIGNATURE:		DATE: 07/17/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 07/17/2025

LIC9099 (FAS) - (06/04)

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Control Number 59-AS-20250423134418

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
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DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/17/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/18/2025 Section Cited CCR 87470(b)(2)(A)	1 87470(b)(2)(A) - Infection Control 2 Requirements - In addition to 3 subsection (a), when one or more 4 residents in the facility are diagnosed 5 with a contagious disease, the following 6 shall apply: All staff and volunteers 7 providing direct care to a resident who has a contagious disease shall wear appropriate Personal Protective	1 The licensee/administrator shall ensure 2 that PPE is always provided to staff. 3 Licensee/administrator will put in writing 4 to the licensing agency that she agrees 5 with ensuring that PPE is always 6 available to staff by end of business 7 07/18/2025.

		Equipment (PPE) to prevent exposure to infectious agents...		
	8 9 10 11 12 13 14	This requirement was not met as evidenced by: Based on interviews and records reviewed, the licensee/administrator did not ensure that staff were provided with all PPE supplies during a time when a resident had MRSA. This poses an immediate risk to 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	

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: Lauren Crocker	
NAME OF LICENSING PROGRAM ANALYST: Kayla Adkison	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 07/17/2025
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/17/2025