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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 455002959
Report Date: 06/17/2026
Date Signed: 06/17/2026 10:16:23 AM

Substantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/22/2026** and conducted by Evaluator Marisa Chiarelli

PUBLIC	COMPLAINT CONTROL NUMBER: 59-AS-20260522155905

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		**ZIP CODE:**	96003
CAPACITY:	65	**CENSUS:** 35		**DATE:**	06/17/2026
		UNANNOUNCED		**TIME BEGAN:**	09:30 AM
MET WITH:	Resident Services Director Sherril Denny			**TIME COMPLETED:**	10:30 AM

ALLEGATION(S):

1	Non-qualified staff provided wound care.
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INVESTIGATION FINDINGS:

1	On 06/17/2026, Marisa Chiarelli, Licensing Program Analyst (LPA) arrived at the facility unannounced to
2	deliver final findings regarding a complaint that was received on 05/22/2026. LPA Chiarelli met with
3	resident services director Sherril Denny and explained the purpose of the visit.
4	
5	During the interview process, three persons were interviewed. The following documents were received
6	and reviewed: Resident hospice/care notes, and incident reports and photographs of the wounds were
7	shown LPA Chiarelli upon initial visit to the facility by a hospice nurse.
8	
9	Continued on 9099 - C
10	
11	
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Substantiated	Estimated Days of Completion:

SUPERVISORS NAME: Lauren Crocker
LICENSING EVALUATOR NAME: Marisa Chiarelli
LICENSING EVALUATOR SIGNATURE:
DATE: 06/17/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/17/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Control Number 59-AS-20260522155905

FACILITY NAME: SUNDIAL ASSISTED LIVING **FACILITY NUMBER:** 455002959
VISIT DATE: 06/17/2026

NARRATIVE

On 5/22/26 LPA Chiarelli received an incident report, the incident reported an incident that happened with (resident one) R1 on 5/21/26. The incident was that a caregiver (C1) at the facility provided wound care to a resident when a blister was popped which created a larger wound by a caregiver (C1) at the facility. R1 is currently receiving wound care from hospice. During the investigation two hospice nurses were interviewed.

While reviewing the incident report it gives a statement from the staff member (C1) who was involved in the incident their statement stated: “She said she was aware that she was not supposed to pop it but that she thought she was helping him and that she would never do it again and she was so sorry.” When LPA Chiarelli inferred about the statement to C1s supervisor they stated that statement was what C1 told them.

Based on investigation observations, record review(s) and interviews which were conducted the preponderance of evidence standard has been met, therefore the above allegation is found to be Substantiated. California Code of Regulations, (Title 22), is cited on the attached LIC 9099D. Appeal rights were explained and provided to the facility representative listed above and exit interview conducted. If any of the cited deficiencies are not corrected by the noted due date, civil penalties may be assessed.

SUPERVISORS NAME: Lauren Crocker
LICENSING EVALUATOR NAME: Marisa Chiarelli
LICENSING EVALUATOR SIGNATURE:
DATE: 06/17/2026

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DATE: 06/17/2026

Control Number 59-AS-20260522155905

FACILITY NAME: SUNDIAL ASSISTED LIVING **FACILITY NUMBER:** 455002959

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 06/17/2026

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type A 06/19/2026 **Section Cited** CCR 887631(a)(1)	1 2 3 4 5 6 7	87631(a)(1) Healing Wound (a) Except as specified in Section 87611...the licensee shall be permitted to accept or retain a resident who has a healing wound under the following circumstances...When care is performed by or under the supervision of an appropriately skilled professional.	1 2 3 4 5 6 7	Licensee will have all caregivers and med techs complete a training on wound care. Licensee will submit proof of correction to LPA by POC due date.
	8 9 10 11 12 13 14	This requirement is not met as evidenced by: Based on record review, incident reports and interviews, an unqualified staff member provided wound care. Which poses a immediate health, safety, and personal rights 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.

SUPERVISORS NAME: Lauren Crocker
LICENSING EVALUATOR NAME: Marisa Chiarelli
LICENSING EVALUATOR SIGNATURE:
DATE: 06/17/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/17/2026