

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 045920283
Report Date: 08/06/2026
Date Signed: 08/06/2026 10:02:41 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 **07/27/2026** and conducted by Evaluator Kayla Adkison

PUBLIC	COMPLAINT CONTROL NUMBER: 59-AS-20260727100714
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FACILITY NAME:	LIGHTHOUSE AT CHICO, LLC, THE	FACILITY NUMBER:	045920283
ADMINISTRATOR:	CORPUS, ILONA	FACILITY TYPE:	740
ADDRESS:	855 BRUCE ROAD	TELEPHONE:	(530) 566-1800
CITY:	CHICO	ZIP CODE:	95928
CAPACITY:	120	DATE:	08/06/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	08:35 AM
	CENSUS: 45	TIME	
MET WITH:	Ilona Corpus, Executive Director	COMPLETED:	09:30 AM

ALLEGATION(S):

1	Licensee is not according privacy to residents in care.
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INVESTIGATION FINDINGS:

1	On August 6, 2026, Licensing Program Analyst (LPA) Kayla Adkison arrived at the facility unannounced
2	for the purpose of delivering complaint findings. LPA was greeted by Ilona Corpus, Executive Director,
3	and explained the purpose of the visit. During the visit, there were 45 residents in the community and six
4	(6) care staff.
5	
6	During the course of the investigation, LPA conducted interviews, reviewed documentation, and made
7	observations.
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9	Continued on the attached LIC 9099-C
10	
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Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Lauren Crocker	
LICENSING EVALUATOR NAME: Kayla Adkison	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/06/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/06/2026

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 2
Control Number 59-AS-20260727100714

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: LIGHTHOUSE AT CHICO, LLC, THE	FACILITY NUMBER: 045920283
	VISIT DATE: 08/06/2026

NARRATIVE	
1	<u>Allegation: Licensee is not according privacy to residents in care.</u>
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3	It was alleged the facility installed video surveillance cameras that were not affording residents in care
4	with privacy, thus violating their personal rights. Complainant alleges that cameras were installed,
5	specifically in the facility medication room, which included sound recording. It was further alleged that
6	the camera was pointed directly at the medication room laptop, thus allowing resident's private medical
7	information to be observed by unknown individuals who did not have a need to know the information
8	present.
9	
10	LPA Adkison interviewed Regional Director of Operations (DOO), Eric Hofstetter, who stated the camera
11	system feed went directly to the Executive Directors cell phone. DOO claimed they had never viewed
12	the footage, so they could not speak to where cameras were pointed. DOO reported that to the best of
13	their knowledge, the cameras did not have any sound.
14	
15	LPA interviewed Executive Director (ED), Ilona Corpus, who stated the camera feed only went to her cell
16	phone and no other staff member had access. ED stated there is no sound on any of the cameras and
17	denied any private resident information being shared with anyone.
18	
19	LPA observed video feed on ED's cell phone and observed no sound being emitted through the
20	cameras. LPA observed the medication room camera, which had no clear view of the laptop in question.
21	LPA further observed notification outside of the facility, notifying all residents and visitors of the presence
22	of video monitoring in use. Finally, ED provided LPA with a sample copy of the resident admission
23	agreement. In the Miscellaneous section under subsection "B", there is information regarding the
24	installation of the camera system for security purposes and further states the cameras are not monitored
25	by staff.
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27	
28	Based on documentation reviewed, interviews conducted, and observations made, the above allegation
29	is found to be UNFOUNDED. A finding that the allegation is unfounded means that the allegation is
30	false, could not have happened, and/or is without a reasonable basis. No deficiencies are being cited as
31	a result of this inspection. Exit interview conducted. A copy of the report was provided, via email, to
32	Executive Director, Ilona Corpus.

SUPERVISORS NAME: Lauren Crocker	
LICENSING EVALUATOR NAME: Kayla Adkison	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/06/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/06/2026