

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 502700869
Report Date: 07/17/2025
Date Signed: 07/17/2025 10:54:21 PM

Unsubstantiated

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 **03/21/2025** and conducted by Evaluator Jason Lund

	COMPLAINT CONTROL NUMBER: 27-AS-20250321104709
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FACILITY NAME: ORANGEBURG MANOR	FACILITY NUMBER: 502700869
ADMINISTRATOR: JENNIFER WHITELEY	FACILITY TYPE: 740
ADDRESS: 1248 NELSON AVENUE	TELEPHONE: (209) 527-2222
CITY: MODESTO	STATE: CA ZIP CODE: 95350
CAPACITY: 90	CENSUS: 27 DATE: 07/17/2025
MET WITH: Executive Director Jennifer Whiteley	UNANNOUNCED TIME BEGAN: 10:45 AM
	TIME COMPLETED: 01:45 PM

ALLEGATION(S):

1	Staff did not prevent resident from harming another resident in care
2	
3	Staff did not provide adequate supervision to resident in care resulting in falls
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Jason Lund arrived unannounced to complete a complaint investigation
2	regarding the above allegations. LPA Lund met with the Executive Director Jennifer Whiteley and
3	explained the reason for the visit. Census: 27
4	Staff did not prevent resident from harming another resident in care- Based on records reviewed, and
5	interviews with staff. Resident (R1) moved into the facility on 08/25/2022 and moved out on 10/5/2024.
6	LPA Lund reviewed Unusual Incident/Injury Report dated 6/17/2024 from the facility. On 6/11/2024 R1
7	was having an episode of increased agitation and began throwing objects in the community day room.
8	Staff were attempting to redirect R1, when R1 went to Resident (R2) and grabbed R2's left forearm and
9	caused a skin tear on R2. Both residents were immediately separated by staff. First aid was immediately
10	applied to R2. continued on additional forms.....
11	
12	
13	

Unsubstantiated

Estimated Days of Completion: 90

NAME OF LICENSING PROGRAM MANAGER: Lisa Rios
NAME OF LICENSING PROGRAM ANALYST: Jason Lund
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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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: ORANGEBURG MANOR

FACILITY NUMBER: 502700869

VISIT DATE: 07/17/2025

NARRATIVE

1 The facility notified residents responsible party for both R1 and R2. Both residents were placed on 72-
2 hour alert charting for post altercation observation. The facility notified both residents' hospice agency's
3 to see if there was a change in condition. LPA Lund reviewed the 72-hour charting for both residents.
4 The facility staff couldn't have predicted R1 having an episode in the community day room.
5
6 Based on facility records reviewed and interviews with staff, on the information provided, it was unclear
7 if staff did not prevent resident from harming another resident in care, therefore the allegation was
8 deemed UNSUBSTANTIATED.
9
10 Staff did not provide adequate supervision to resident in care resulting in falls- Based on records
11 reviewed, interviews with staff, and residents in care. Resident (R1) moved into the facility on
12 08/25/2022 and moved out on 10/05/2024. LPA Lund reviewed Unusual Incident/Injury Reports dated
13 02/06/2024 & 6/17/2024. On 1/31/2024 R1 was observed on the floor near R1's room. R1 had a large
14 skin tear to the left of resident's forehead. R1 was awake and responding but unable to verbalize what
15 happened. 911 was called immediately, staff held pressure to the injury until EMT's arrived. R1 was
16 transported to Doctor's Medal Hospital and treated in the Emergency Room. R1 returned to the facility
17 on the same day. On 1/31/2024 Global Hospice visited R1 and there was no significant change in
18 status. On 6/13/2024 had a large skin tear to the left of resident's forehead. R1 had a large bump on the
19 left side and laceration present well. R1 was awake and responding appropriately. R1 didn't know how
20 the injury happened. 911 was called and EMT's took R1 to Doctors Medical Center. R1 returned to the
21 facility on the same day. On 6/13/2024 Global Hospice visited R1 and there was no significant change in
22 status. LPA Lund reviewed facility staffing schedules from 1/1/2024 through 1/31/2024 and 6/1/2024
23 through 6/30/2024 and there is no staff ratio for RCFE's but is consistent with residents in care.
24
25 Based on records reviewed, interviews with staff, and residents in care, on the information provided, it
26 was unclear if staff did not provide adequate supervision to resident in care resulting in falls, therefore
27 the allegation was deemed UNSUBSTANTIATED.
28
29 As a result of this investigation, this Department finds the allegation to be UNSUBSTANTIATED. A
30 complaint allegation finding of Unsubstantiated means that although the allegation may have happened
31 or is valid, there is not preponderance of the evidence to prove that the alleged violation occurred. Exit
32 interview conducted and report left.

NAME OF LICENSING PROGRAM MANAGER: Lisa Rios
NAME OF LICENSING PROGRAM ANALYST: Jason Lund
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