

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 502701180

Report Date: 02/27/2026

Date Signed: 02/27/2026 01:58:12 PM

Substantiated

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 **08/18/2025** and conducted by Evaluator Arielle Pascua

PUBLIC	COMPLAINT CONTROL NUMBER: 27-AS-20250818101558
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FACILITY NAME: COGIR OF TURLOCK	FACILITY NUMBER: 502701180
ADMINISTRATOR: HERNANDEZ, JACKIE	FACILITY TYPE: 740
ADDRESS: 3791 CROWELL ROAD	TELEPHONE: (209) 664-9500
CITY: TURLOCK	ZIP CODE: 95382
CAPACITY: 100	DATE: 02/27/2026
MET WITH: Jackie Hernandez	UNANNOUNCED TIME BEGAN: 01:30 PM
	TIME COMPLETED: 03:00 PM

ALLEGATION(S):

1	Staff did not inform resident's responsible party of incidents.
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INVESTIGATION FINDINGS:

1	On 02/27/2026, Licensing Program Analyst (LPA) Arielle Pascua arrived unannounced to this facility to deliver complaint findings.
2	
3	LPA Pascua met with Facility Designated Administrator (FDA), Jackie Hernandez and explained the purpose of the visit.
4	
5	Current census was 77. A brief interview with FDA Hernandez was conducted.
6	Staff did not inform resident's responsible party of incidents.
7	It was alleged that the staff did not inform resident's responsible party of incidents. During the course of this investigation, the department conducted interviews and reviewed facility records. Based on conducted interviews, it was determined that on 05/26/2026 the facility reported an unwitnessed fall to the hospice agency. When asked whether the facility notified the resident's responsible party of the fall, facility management stated that the hospice agency was informed and that it was the hospice agency's responsibility to notify the responsible party.
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Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Lisa Rios
LICENSING EVALUATOR NAME: Arielle Pascua
LICENSING EVALUATOR SIGNATURE:

DATE: 02/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/27/2026

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

COMPLAINT INVESTIGATION REPORT

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SACRAMENTO SOUTH 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

08/18/2025 and conducted by Evaluator Arielle Pascua

COMPLAINT CONTROL NUMBER: 27-AS-20250818101558

FACILITY NAME: COGIR OF TURLOCK

FACILITY NUMBER: 502701180

ADMINISTRATOR:HERNANDEZ, JACKIE

FACILITY TYPE: 740

ADDRESS: 3791 CROWELL ROAD

TELEPHONE: (209) 664-9500

CITY: TURLOCK

STATE: CA

ZIP CODE: 95382

CAPACITY: 100

CENSUS: 77

DATE: 02/27/2026

MET WITH: Jackie Hernandez

UNANNOUNCED TIME BEGAN: 01:30 PM

TIME COMPLETED: 03:00 PM

ALLEGATION(S):

- 1 Staff did not provide adequate supervision to resident resulting in resident falling.
- 2 Staff did not assist with resident's bathroom needs.
- 3 Staff did not properly discharge resident.
- 4
- 5
- 6
- 7
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INVESTIGATION FINDINGS:

- 1 On 02/12/2026, Licensing Program Analyst (LPA) Arielle Pascua arrived unannounced to this facility to
- 2 deliver complaint findings.
- 3 LPA Pascua met with Facility Designated Administrator (FDA), Jackie Hernandez and explained the
- 4 purpose of the visit.
- 5 Current census was 77. A brief interview with FDA Hernandez was conducted.
- 6 Allegation: Staff did not provide adequate supervision to resident resulting in resident falling.
- 7 It was alleged that staff did not provide adequate supervision to resident resulting in resident falling.
- 8 During the course of this investigation, the department conducted interviews and reviewed facility
- 9 records. Based on interviews conducted with 5 staff members. 5 out of 5 deny that the facility did not
- 10 provide adequate supervision to the resident resulting in the resident falling. 5 out of 5 staff members
- 11 state that they conduct routine checks on all residents.
- 12
- 13

Unsubstantiated

Estimated Days of Completion:

SUPERVISORS NAME: Lisa Rios

LICENSING EVALUATOR NAME: Arielle Pascua

LICENSING EVALUATOR SIGNATURE:

DATE: 02/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/27/2026

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

Control Number 27-AS-20250818101558

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

**COMPLAINT INVESTIGATION REPORT
(Cont)**CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
SACRAMENTO SOUTH ASC, 9835 GOETHE
ROAD, SUITE 100
SACRAMENTO, CA 95827

FACILITY NAME: COGIR OF TURLOCK

FACILITY NUMBER: 502701180

VISIT DATE: 02/27/2026

NARRATIVE

- 1 However, 5 out 5 staff members report that the residents may have unwitnessed falls as they cannot
2 prohibit the resident from falling but can assist to mitigate the falls. In addition, a review of the resident's
3 care plan dated on 05/26/2025, states that the resident may be a fall potential however the fall risk was
4 scored as 0. This was acknowledged and signed by the resident responsible party on 05/26/2025.
5 Based on the information gathered, there is not sufficient evidence to prove that staff did not provide
6 adequate supervision to resident resulting in resident falling.
7
- 8 As a result of this investigation, this Department found the allegations to be UNSUBSTANTIATED. A
9 complaint allegation finding of Unsubstantiated meant that although the allegations may have happened
10 or was valid, there was not a preponderance of the evidence to prove that the alleged violation occurred.
11
- 12 Allegation: Staff did not assist with resident's bathroom needs.
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- 14 It was alleged that staff did not assist with resident's bathroom needs. During the course of this
15 investigation, the department conducted interviews and reviewed facility records. Based on interviews
16 conducted with 5 staff members. 5 out 5 staff members deny that they did not assist with the resident's
17 bathroom needs. 5 out 5 staff members state that they assist residents as needed. 5 out 5 staff
18 members state that residents may have to wait for a couple minutes to get assistance however will
19 always assist the residents. An interview with 5 residents were conducted. 5 out 5 residents denied not
20 being assisted with their bathroom needs. Based on the information gathered, there is not sufficient
21 evidence to prove that staff did not assist the residents with their bathroom needs.
22
- 23 As a result of this investigation, this Department found the allegations to be UNSUBSTANTIATED. A
24 complaint allegation finding of Unsubstantiated meant that although the allegations may have happened
25 or was valid, there was not a preponderance of the evidence to prove that the alleged violation occurred.
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SUPERVISORS NAME: Lisa Rios

LICENSING EVALUATOR NAME: Arielle Pascua

LICENSING EVALUATOR SIGNATURE:

DATE: 02/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/27/2026

Control Number 27-AS-20250818101558

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

**COMPLAINT INVESTIGATION REPORT
(Cont)**CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
SACRAMENTO SOUTH ASC, 9835 GOETHE
ROAD, SUITE 100
SACRAMENTO, CA 95827

FACILITY NAME: COGIR OF TURLOCK

FACILITY NUMBER: 502701180

VISIT DATE: 02/27/2026

NARRATIVE

- 1 However, a review of the facility's Plan of Operation, page 54, Reporting Requirements (6)(d), states:
2 "any incident which threatens the welfare, safety or health of any residents, such as the following:
3 falls..." must be reported. Additionally, page 55, Medical Emergencies, states: "In an event of a non-
4 serious emergency...the physician will be contacted immediately for advice regarding treatment, the
5 physician's recommendations will be followed and documented, and the family contacted to report the
6 incident."

7 Based on the information obtained, facility staff did not notify the resident's responsible party of the
8 incident.
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10 As a result of this investigation, the department found the allegations to be SUBSTANTIATED - A finding
11 that the complaint was Substantiated meant that the allegation was valid because the preponderance of
12 the evidence standard had been met.
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14 The following deficiencies were cited on the following LIC 9099-D pursuant to Title 22 Rules and
15 Regulations, Division 6 and Health and Safety Codes.
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18 An exit interview was conducted and a copy of this report and appeals rights was provided to the facility
19 at the end of this visit.
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SUPERVISORS NAME: Lisa Rios
LICENSING EVALUATOR NAME: Arielle Pascua
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 02/27/2026

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FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 02/27/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
**COMPLAINT INVESTIGATION REPORT
(Cont)**

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100
SACRAMENTO, CA 95827

FACILITY NAME: COGIR OF TURLOCK **FACILITY NUMBER:** 502701180
VISIT DATE: 02/27/2026

NARRATIVE

1 Allegation: Staff did not properly discharge resident
2
3 It was alleged that the staff did not properly discharge resident. During the course of this investigation,
4 LPA Pascua conducted interviews and reviewed facility records. Based on interviews conducted, it was
5 learned that this resident was at the facility for 1 week for respite care with assistance from Hospice. It
6 was stated by facility management that due to the resident being on respite, the facility would be notified
7 by the responsible party or hospice when the resident would leave. It was stated that the family would
8 pick the resident up. A review of the facilities records show that the facility discharged the resident's
9 medication and belongings with the responsible parties signature acknowledging that they had obtained
10 everything for the resident. Based on the information gathered, there is not sufficient evidence to show
11 that the staff did not properly discharge the resident.
12
13 As a result of this investigation, this Department found the allegations to be UNSUBSTANTIATED. A
14 complaint allegation finding of Unsubstantiated meant that although the allegations may have happened
15 or was valid, there was not a preponderance of the evidence to prove that the alleged violation occurred.
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17 Per California Code of Regulations (CCRs) - Title 22, Division 6, Chapter 8, no deficiencies cited. Exit
18 interview was held and a copy of the report was given to Jackie Hernandez.
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SUPERVISORS NAME: Lisa Rios
LICENSING EVALUATOR NAME: Arielle Pascua
LICENSING EVALUATOR SIGNATURE: _____
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LIC9099 (FAS) - (06/04)

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<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>COMPLAINT INVESTIGATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827</p>
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FACILITY NAME: COGIR OF TURLOCK **FACILITY NUMBER:** 502701180
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 02/27/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
<p>Type B 03/06/2026 Section Cited CCR 87211(a)(1)</p>	<p>(a)Each licensee shall furnish to the licensing agency such reports as the Department may require, including, but not limited to, the following: 1 (1)A written report shall be submitted to 2 the licensing agency and to the person 3 responsible for the resident within 4 seven days of the occurrence of any of 5 the events specified in (A) through (D) 6 below. This report shall include the 7 resident's name, age, sex and date of admission; date and nature of event; attending physician's name, findings, and treatment, if any; and disposition of the case</p>	<p>1 2 3 4 5 6 7</p>	<p>Facility administrator states that a statement correction will be provided stating that the facilities new implementation and reporting requirement procedures.</p>
	<p>8 This is not met as evidenced by: Based 9 on interviews and record review, the 10 licensee did not ensure that a resident's 11 responsible party was notified after a 12 fall incident. This poses a potential 13 health, safety, and personal rights risks 14 to persons in care.</p>	<p>8 9 10 11 12 13 14</p>	
		<p>1 2 3 4 5 6 7</p>	
		<p>1 2 3 4 5</p>	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

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LICENSING EVALUATOR SIGNATURE: **DATE:** 02/27/2026

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