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Department of
# SOCIAL SERVICES

*Community Care Licensing*

# *COMPLAINT INVESTIGATION REPORT*

**Facility Number:** 502701180
**Report Date:** 07/14/2026
**Date Signed:** 07/14/2026 05:31:32 PM

## Substantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/15/2026** and conducted by Evaluator Noel Wolf Petersen

| | |
|---|---|
| | **COMPLAINT CONTROL NUMBER:** 27-AS-20260615110219 |

| | | | | |
|---|---|---|---|---|
| **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:** | **DATE:** | 07/14/2026 |
| | | UNANNOUNCED | **TIME BEGAN:** | 02:30 PM |
| **MET WITH:** | Jackie Hernandez | | **TIME COMPLETED:** | 05:30 PM |

**ALLEGATION(S):**

| | |
|---|---|
| 1 | Facility did not provide appropriate care and supervision resulting in a harm/injury |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |

**INVESTIGATION FINDINGS:**

| | |
|---|---|
| 1 | Licensing Program Analyst, LPA, Noel Wolf Petersen arrived to the facility unannounced to investigate a |
| 2 | complaint investigation with the above allegation, LPA met with Executive Director Jackie Hernandez to |
| 3 | discuss the findings. |
| 4 | |
| 5 | Specificly a large but first degree burn via some heated juice. In interview, the staff S1 reported that they |
| 6 | had heated a prune juice and left it with the client. Record review of 602 for R1 indicates he has |
| 7 | dementia and assistance with feeding. Administrator provided that the staff had recived a generalized |
| 8 | training as a result of the incident about providing the clients with heated fluids. LPA asked for a log of the |
| 9 | training. |
| 10 | |
| 11 | Based on LPAs observations and interviews which were conducted and record review(s), the |
| 12 | preponderance of evidence standard has been met, therefore the above allegation(s) is found to be |
| 13 | SUBSTANTIATED. California Code of Regulations, are being cited on the attached LIC 9099D. |
| | |
| | A citation was issued, a copy of the report was read and given to the administrator, appeal rights were provided. exit interview was conducted. |

| Substantiated | Estimated Days of Completion: |
|---|---|

**SUPERVISORS NAME:** Liza King
**LICENSING EVALUATOR NAME:** Noel Wolf Petersen
**LICENSING EVALUATOR SIGNATURE:**
**DATE:** 07/14/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**
**DATE:** 07/14/2026

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



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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/15/2026** and conducted by Evaluator Noel Wolf Petersen

| PUBLIC | COMPLAINT CONTROL NUMBER: 27-AS-20260615110219 |
|---|---|

**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:** UNANNOUNCED
**DATE:** 07/14/2026
**TIME BEGAN:** 02:30 PM
**MET WITH:** Jackie hernandez
**TIME COMPLETED:** 05:30 PM

**ALLEGATION(S):**

| | |
|---|---|
| 1 | Facility did not seek timely medical attention for a serious harm/injury |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |

**INVESTIGATION FINDINGS:**

| | |
|---|---|
| 1 | Licensing Program Analyst, LPA Noel Wolf Petersen arrived to the facility unannounced to investigate a |
| 2 | complaint investigation with the above allegations, LPA met with Executive Director Jackie Hernandez to |
| 3 | discuss the findings. |
| 4 | |
| 5 | Specificly it was alleged that the facility presented a barrier to timely medical attention in the response to |
| 6 | a large but first degree burn via heated juice. LPA interviewed S1, who indicated that a Medtech had |
| 7 | called 911. S2 and S3 were medtechs on duty, S2 recalls that she had called 911 after the second burn |
| 8 | was discovered between 9:10 and 9:30 am. LPA asked for a call log from the time of the incident. The |
| 9 | facility administrator provided the statement, a relative of r1 had attempted to arrange transportation to a |
| 10 | urgent care and expressed being opposed to hosptialization for r1. Client arrived to the hospital, via EMT |
| 11 | sometime between 9:15 and 10:00, resident did not refuse trasportation as reported to be provided by |
| 12 | the facility |
| 13 | |
| | Although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation(s) did or did not occur, therefore the allegation is unsubstantiated. a copy of the report was read and left with the administrator. exit interview was conducted. |

| Unsubstantiated | Estimated Days of Completion: |
|---|---|

**SUPERVISORS NAME:** Liza King
**LICENSING EVALUATOR NAME:** Noel Wolf Petersen
**LICENSING EVALUATOR SIGNATURE:**
**DATE:** 07/14/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:** **DATE:** 07/14/2026

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



**Control Number** 27-AS-20260615110219

| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100<br>SACRAMENTO, CA 95827 |
|---|---|
| **COMPLAINT INVESTIGATION REPORT (Cont)** | |

**FACILITY NAME:** COGIR OF TURLOCK **FACILITY NUMBER:** 502701180

**DEFICIENCY INFORMATION FOR THIS PAGE:** **VISIT DATE:** 07/14/2026

| Deficiency Type<br>POC Due Date /<br>Section Number | DEFICIENCIES | PLAN OF CORRECTIONS(POCs) |
|---|---|---|
| Type A<br>07/15/2026<br>**Section Cited**<br>CCR<br>80078(a) | 80078 Responsibility for Providing Care and Supervision<br><br>(a) The licensee shall provide care and supervision as necessary to meet the client's needs.<br>This requirement was not met as evidinced by: | No immediate poc, the corrective action taken by the facility to do a staff training about the care for residents as related to heated fluids is what the department would have recommended, training was completed on June 16th 2026 for all staff. |
| | In interview with S1, the staff is reporting that they heated and left a heated juice with the resident r1, record review of 602 for r1 indicates assistance with feeding/drinking.<br><br>This requirement not being followed risks the clients health, safety, or personal rights. | |
| | | |
| | | |

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

**SUPERVISOR'S NAME:** Liza King
**LICENSING EVALUATOR NAME:** Noel Wolf Petersen
**LICENSING EVALUATOR SIGNATURE:** **DATE:** 07/14/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:** **DATE:** 07/14/2026