

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# COMPLAINT INVESTIGATION REPORT

Facility Number: 515001963  
Report Date: 06/28/2024  
Date Signed: 06/28/2024 12:57:33 PM

**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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/28/2024** and conducted by Evaluator Kerry Hiratsuka

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 59-AS-20240628080725</b>
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<b>FACILITY NAME:</b> WILLOW GLEN CARE CENTER	<b>FACILITY NUMBER:</b> 515001963
<b>ADMINISTRATOR:</b> ANGIE KARIS	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 1547 PLUMAS COURT	<b>TELEPHONE:</b> (530) 751-9900
<b>CITY:</b> YUBA CITY	<b>STATE:</b> CA
<b>CAPACITY:</b> 60	<b>ZIP CODE:</b> 95991
<b>MET WITH:</b> Angis Karis	<b>CENSUS:</b> 59
	<b>DATE:</b> 06/28/2024
	<b>UNANNOUNCED TIME BEGAN:</b> 11:25 AM
	<b>TIME COMPLETED:</b> 01:10 PM

**ALLEGATION(S):**

1	Facility air conditioner in disrepair and not being addressed
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**INVESTIGATION FINDINGS:**

1	LPA Hiratsuka, conducted this unannounced complaint visit.
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3	LPA toured the facility, interviewed two staff, and interviewed Administrator Angie Karis. This facility has
4	two wings for residents and the wings meet in the middle where there is a central enclosed area for staff.
5	The central enclosed area for staff has an office, staff lounge, medication/charting area, and linen closet.
6	This is the area that has a broken motor for the air conditioner. The air conditioner broke on Monday,
7	June 24, 2024, a repair company was called the same day and came on Tuesday, June 25, 2024 and a
8	part was ordered for the unit. An update for the part that was ordered should tentatively be coming in five
9	to ten days and that should include installation. If there is a delay the facility does have fans and has
10	other accommodations. The resident areas are not affected. LPA was also informed the air conditioner
11	and heater units are checked quarterly by the facility maintenance team.
12	
13	

**Unfounded**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Troy Ordonez  
**NAME OF LICENSING PROGRAM ANALYST:** Kerry Hiratsuka  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 06/28/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 06/28/2024

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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**Control Number** 59-AS-20240628080725

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 (Cont)

**FACILITY NAME:** WILLOW GLEN CARE CENTER

**FACILITY NUMBER:** 515001963

**VISIT DATE:** 06/28/2024

### NARRATIVE

- 1 LPA toured the facility and observed fans blowing in the areas affected. There fans are placed to not be
- 2 tripping hazards that are blowing cooler air into the affected areas. The facility always has hydration
- 3 stations for everyone. Staff have been allowed to take breaks in other areas of the facility to avoid being
- 4 in the staff lounge. Medications that have to be kept cold are stored in a locked refrigerator and any
- 5 medications that require specific temperatures have been checked and stored in appropriate areas. The
- 6 resident wings and rooms are not affected.
- 7
- 8 Because there was no warning for the air conditioner dying, the repair service being called the day the
- 9 air conditioner died, the facility placing fans in cooler areas to blow air into the warm areas to try to cool
- 10 the affected areas, always having hydration stations, and medication storage adjustments if required
- 11 have been done, the allegation is UNFOUNDED.
- 12
- 13 A finding that an allegation is UNFOUNDED means that the allegation is false, could not have
- 14 happened, and/or is without a reasonable basis.
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- 16 No deficiencies are cited at this visit. Exit interview conducted.
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**NAME OF LICENSING PROGRAM MANAGER:** Troy Ordonez  
**NAME OF LICENSING PROGRAM ANALYST:** Kerry Hiratsuka  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 06/28/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 06/28/2024