

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 515002765
Report Date: 06/19/2025
Date Signed: 07/02/2025 03:25:43 PM

Unsubstantiated

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 **04/28/2025** and conducted by Evaluator Kerry Hiratsuka

	COMPLAINT CONTROL NUMBER: 59-AS-20250428114131
--	---

FACILITY NAME: EMERALD OAKS	FACILITY NUMBER: 515002765
ADMINISTRATOR: BAINS, GURPRIT	FACILITY TYPE: 740
ADDRESS: 2290 FORREST LANE	TELEPHONE: (530) 490-1401
CITY: YUBA CITY	STATE: CA ZIP CODE: 95993
CAPACITY: 116	CENSUS: 62 DATE: 06/19/2025
MET WITH: Ivy Garner	UNANNOUNCED TIME BEGAN: 02:05 PM
	TIME COMPLETED: 03:20 PM

ALLEGATION(S):

1	Facility staff did not provide oral hygiene care to resident
2	Facility staff did not safeguard resident's personal belongings
3	Facility staff did not ensure resident had clean clothing
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) K. Hiratsuka conducted this visit to complete the complaint. LPA met
2	with Assistant Administrator Ivy Garner.
3	
4	LPA interviewed the resident in question, staff, and reviewed the resident's file. The item in question is a
5	bottom set of dentures. LPA observed the resident wearing the top ones and moving it around with their
6	tongue during an interview. The resident in question does have a diagnosis of dementia and it is difficult
7	to determine if the resident is capable to know when they take out the dentures and where they put it.
8	LPA also cannot determine how much the resident comprehends regarding keeping the dentures clean.
9	Staff stated the resident is able to clean them with assistance and that the dentures are put in a solution
10	when not in use per the instructions. LPA cannot determine how much cleaning the dentures require.
11	
12	
13	

Unsubstantiated

Estimated Days of Completion:

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

DATE: 06/19/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/19/2025

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-20250428114131

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: EMERALD OAKS

FACILITY NUMBER: 515002765

VISIT DATE: 06/19/2025

NARRATIVE

- 1 Interview with staff also stated the resident had a tendency to put on dirty clothes before the staff were
- 2 able to take the dirty clothes away. LPA observed clean clothes in the resident room. The resident has
- 3 the right to wear what they want and the facility staff needs to try to work with the resident to ensure the
- 4 resident wears clean clothes.
- 5
- 6 Therefore, LPA finds the allegation to be "unsubstantiated." A finding of unsubstantiated means that
- 7 although the allegation may have happened or is valid, there is not a preponderance of the evidence to
- 8 prove that the violation occurred.
- 9
- 10 No deficiencies cited.
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32

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

DATE: 06/19/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/19/2025