

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 515002765

Report Date: 01/06/2026

Date Signed: 01/06/2026 09:57:51 AM

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **11/20/2025** and conducted by Evaluator Kerry Hiratsuka

	COMPLAINT CONTROL NUMBER: 59-AS-20251120140556
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FACILITY NAME: EMERALD OAKS	FACILITY NUMBER: 515002765
ADMINISTRATOR: BAINS, GURPRIT	FACILITY TYPE: 740
ADDRESS: 2290 FORREST LANE	TELEPHONE: (530) 490-1401
CITY: YUBA CITY	ZIP CODE: 95993
CAPACITY: 116	DATE: 01/06/2026
MET WITH:	UNANNOUNCED TIME BEGAN: 09:30 AM
	TIME COMPLETED: 10:05 AM

ALLEGATION(S):

1	Resident sexually abused another resident
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4	
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Hiratsuka, conducted this visit to deliver the results of the allegation above.
2	
3	
4	Community Care Licensing Division (CCLD) conducted the investigation into the allegations above.
5	
6	The allegation was denied to have happened by those involved and they said they would report abuse if anything did occur.
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9	Based on information above, the department concluded that the allegations are Unfounded. A finding that an allegation is unfounded means that the allegation is false, could not have happened, and/or is without a reasonable basis.
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12	
13	No deficiencies cited.

Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Troy Ordonez
LICENSING EVALUATOR NAME: Kerry Hiratsuka
LICENSING EVALUATOR SIGNATURE:

DATE: 01/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/06/2026

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