

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 515002765
Report Date: 07/01/2026
Date Signed: 07/01/2026 11:44:04 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 **06/22/2026** and conducted by Evaluator Kerry Hiratsuka

	COMPLAINT CONTROL NUMBER: 59-AS-20260622182511
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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:	07/01/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	10:45 AM
	CENSUS: 59	TIME	11:50 AM
MET WITH:	Gurpreet Bains	COMPLETED:	

ALLEGATION(S):

1	Staff leave resident in bed for an extended period of time
2	Staff do not ensure resident's privacy from other residents
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst Hiratsuka conducted this unannounced complaint to deliver the results of the
2	allegations above.
3	LPA interviewed the resident in question and staff. The resident in question stated they are the one who
4	refuses to get out of bed. The resident also stated there is no issue with privacy. Staff stated there are no
5	issues with the resident.
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7	Based on the interview about the allegation is unfounded.
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9	A finding that an allegation is UNFOUNDED means that the allegation is false, could not have happened,
10	and/or is without a reasonable basis.
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Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Troy Ordonez	
LICENSING EVALUATOR NAME: Kerry Hiratsuka	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/01/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/01/2026