

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306000295
Report Date: 07/07/2026
Date Signed: 07/07/2026 08:31:31 AM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 02/23/2026 and conducted by Evaluator Kimberly Lyman

	COMPLAINT CONTROL NUMBER: 22-AS-20260223134858
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FACILITY NAME: KARLTON RESIDENTIAL CARE CENTER		FACILITY NUMBER: 306000295
ADMINISTRATOR: ELENA WEINER		FACILITY TYPE: 740
ADDRESS: 3615 WEST BALL RD.		TELEPHONE: (714) 236-1170
CITY: ANAHEIM	STATE: CA	ZIP CODE: 92804
CAPACITY: 76	CENSUS: 50	DATE: 07/07/2026
	UNANNOUNCED	TIME BEGAN: 08:00 AM
MET WITH: Matthew Weiner		TIME COMPLETED: 08:50 AM

ALLEGATION(S):

1	Facility failed to ensure resident room is clean and sanitary
2	Facility did not provide incontinence care to resident
3	Facility did not reposition resident per physician order
4	Staff member assisted resident with incontinence care without consent
5	Facility allowed unauthorized personnel to draw blood from resident
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Kimberly Lyman conducted an unannounced complaint visit to deliver findings on the above allegations. LPA was greeted and granted entry into the facility and explained the reason for the visit.
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4	During the course of the investigation, LPA toured the facility and interviewed staff and witness as well as reviewed and obtained pertinent documentation such as facility notes. Regarding the allegations that facility failed to ensure resident room is clean and sanitary, facility did not provide incontinence care to resident, facility did not reposition resident per physician order, facility allowed unauthorized personnel to draw blood from resident and staff member assisted resident with incontinence care without consent, the investigation revealed the following: Five out of five staff state there was no smells in the resident's room and the room was being cleaned daily. Staff indicate there was a taco in a hospital gown presented by family allegedly found in the closet. Staff deny the facility uses hospital gowns and is unsure where the item came from. LPA toured the facility and facility appeared clean and sanitary. Facility provides incontinence care every 2 hours or as needed along with repositioning. CONTINUED ON LIC 9099C DATED 07/07/2026
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Alisa Ortiz	
LICENSING EVALUATOR NAME: Kimberly Lyman	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/07/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/07/2026

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 22-AS-20260223134858

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: KARLTON RESIDENTIAL CARE CENTER	FACILITY NUMBER: 306000295
	VISIT DATE: 07/07/2026

NARRATIVE	
1	Two out of two caregivers as well as Administrator interviewed confirm incontinence care and
2	repositioning was being provided to Resident 1 (R1). Facility uses resident monitoring checklists and
3	review of checklists show caregivers were documenting incontinence care. R1's responsible party
4	requested female caregivers only and staff state honoring the wishes. However, male staff would assist
5	with transfers and repositioning due to resident requiring a two person assist. While transitioning from
6	care in Los Angeles, a phlebotomist arrived to the facility in October 2025 to draw blood from the
7	resident. The Administrator indicates the draw did not happen and both Administrator and family were
8	advising the medical group to discontinue care for the resident. LPA reviewed emails to that affect.
9	Seven out of seven staff denied all allegations through written statements obtained by LPA.
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11	Based on the interviews conducted and record review, the Department is unable to corroborate the
12	allegations. Therefore, the allegations are found to be Unsubstantiated, meaning that although the
13	allegations may have happened or are valid; there is not a preponderance of evidence to prove that the
14	alleged violations did or did not occur.
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16	An exit interview was conducted, and this report was reviewed with Facility Representative. A copy of
17	this report was provided to a facility representative.
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SUPERVISORS NAME: Alisa Ortiz	
LICENSING EVALUATOR NAME: Kimberly Lyman	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/07/2026
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