

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 312700574
Report Date: 09/02/2026
Date Signed: 09/02/2026 11:49:29 AM

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 **05/15/2026** and conducted by Evaluator Talwinder Bains

	COMPLAINT CONTROL NUMBER: 59-AS-20260515094823
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FACILITY NAME:	ANSEL PARK SENIOR LIVING COMMUNITY	FACILITY NUMBER:	312700574
ADMINISTRATOR:	PAYNE, KEITH	FACILITY TYPE:	740
ADDRESS:	1200 ORCHID DRIVE	TELEPHONE:	(916) 250-0770
CITY:	ROCKLIN	ZIP CODE:	95765
CAPACITY:	100	DATE:	09/02/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	11:10 AM
	CENSUS: 82	TIME	12:00 PM
MET WITH:	Executive Director - Aileen Enriquez	COMPLETED:	

ALLEGATION(S):

1	Licensee does not ensure facility has sufficient staffing to meet the care needs of residents.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Talwinder Bains arrived unannounced to deliver complaint findings.
2	LPA met with Executive Director - Aileen Enriquez during today's inspection.
3	
4	Based on interviews with staff and residents, the Department determined that there are enough staff to
5	meet the needs of the residents in care and that residents are able to use the call buttons and receive
6	help in a timely manner. Residents indicated they had no concerns with reaching staff when they require
7	assistance however it can be delay in response time as staff were assisting other residents with their
8	care needs, therefore, the allegations were Unsubstantiated.Based on documentation and interviews
9	conducted, although the allegation may have happened or is valid, there is not a preponderance of
10	evidence to prove the alleged violation did or did not occur. Therefore, the allegation is
11	UNSUBSTANTIATED. No deficiencies are being cited.
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13	Exit interview conducted. A copy of the report was provided.

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Laura Munoz	
LICENSING EVALUATOR NAME: Talwinder Bains	
LICENSING EVALUATOR SIGNATURE:	DATE: 09/02/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/02/2026

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 3

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ADDRESS: 1200 ORCHID DRIVE	TELEPHONE: (916) 250-0770
CITY: ROCKLIN	ZIP CODE: 95765
CAPACITY: 100	DATE: 09/02/2026
	UNANNOUNCED TIME BEGAN: 11:10 AM
MET WITH: Executive Director - Aileen Enriquez	TIME COMPLETED: 12:00 PM

ALLEGATION(S):

1	Licensee allows unqualified staff to administer injections to residents.
2	Staff due not ensure soiled linens are removed from residents room.
3	Staff do not ensure residents room is kept free of mal odors.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Talwinder Bains arrived unannounced to deliver complaint findings.
2	LPA met with Executive Director - Aileen Enriquez during today's inspection.
3	
4	The Department conducted interviews and reviewed facility records and conducted interviews with
5	residents and staff.
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13	**Continued on next page.....

Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Laura Munoz	
LICENSING EVALUATOR NAME: Talwinder Bains	
LICENSING EVALUATOR SIGNATURE:	DATE: 09/02/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
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Control Number 59-AS-20260515094823

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: ANSEL PARK SENIOR LIVING
COMMUNITY

FACILITY NUMBER: 312700574

VISIT DATE: 09/02/2026

NARRATIVE

1 ****Report continued**

2

3 **Allegation- Licensee allows unqualified staff to administer injections to residents. Unfounded**

4

5 The department conducted record review, interviewed staff and residents to investigate this allegation. It
6 was learnt that there are currently 2 residents at the facility who require insulin injections on daily basis
7 and those residents can perform that task independently and/or minimal staff assistance, therefore this
8 allegation was UNFOUNDED.

9

10 **Allegation- Staff due not ensure soiled linens are removed from residents room. UNFOUNDED**

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12 Interviews conducted with the staff, and residents concluded that all the residents' linens are cleaned
13 weekly, unless one of the residents needs it done earlier and staff will do it. Staff interviews reflected that
14 soiled linens were removed from residents' rooms and were sent to laundry to wash. Residents
15 interviewed reported that they have not had any issues not getting their linen cleaned. Based on this
16 information, this allegation was UNFOUNDED.

17

18 **Allegation- Staff do not ensure residents room is kept free of mal odors. UNFOUNDED**

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20 Department investigated allegation, "Staff do not ensure residents room is kept free of mal odors". The
21 facility was toured and facility was observed to be clean, sanitary, and free from odor. Resident rooms,
22 common areas, kitchen area, and dining room were toured. Four (4) staff members were interviewed in
23 which they stated housekeeping and other staff keep the facility clean and free from odor. Staff stated
24 due to resident incontinent care needs, at times there may be a temporary smell, but staff take care of
25 the problem in a timely manner. Due to interviews and observation, the department finds allegation to be
26 UNFOUNDED

27

28 Based on the information obtained, these allegations are UNFOUNDED. A finding that the allegation is
29 unfounded means that the allegation is false, could not have happened, and/or is without a reasonable
30 basis.

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Exit interview was conducted and a copy of this report was provided.
Signature on these forms acknowledges receipt of these documents.

SUPERVISORS NAME: Laura Munoz

LICENSING EVALUATOR NAME: Talwinder Bains

LICENSING EVALUATOR SIGNATURE:

DATE: 09/02/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/02/2026