

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 342701212
Report Date: 09/19/2025
Date Signed: 09/19/2025 08:55:46 AM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH 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 **06/24/2025** and conducted by Evaluator Noel Wolf Petersen

PUBLIC	COMPLAINT CONTROL NUMBER: 27-AS-20250624133508
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FACILITY NAME: CARLTON SENIOR LIVING SACRAMENTO ATRIUM	FACILITY NUMBER: 342701212
ADMINISTRATOR: KASIE WIMMER	FACILITY TYPE: 740
ADDRESS: 1071 FULTON AVENUE	TELEPHONE: (916) 971-4800
CITY: SACRAMENTO	ZIP CODE: 95825
CAPACITY: 99	DATE: 09/19/2025
MET WITH: Kasie Wimmer	UNANNOUNCED TIME BEGAN: 04:00 AM
	TIME COMPLETED: 09:00 AM

ALLEGATION(S):

1	Staff are not following resident's individual service plans
2	Staff do not ensure that resident needs are met
3	Staff are falsifying resident records
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INVESTIGATION FINDINGS:

1	On 9/19/25 at 4am, Licensing Program Analyst, LPA, Noel Wolf Petersen arrived unannounced to conduct a complaint investigation into the above allegations. LPA met with staff Kal Mendiola by phone to explain the purpose of the visit, and then later with Kasie Wimmer by phone.
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5	LPA conducted physical inspection of the grounds, interviewed several of the staff, asked to review documents: lic500, lic9020, recent hospitalizations, shift logs. LPA observed clients being attended to in a timely fashion, staff responding to calls as needed. No falseification of records were observed. amongst
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7	Staff and clients interviewed, there was some conflicting fingerpointing and hearsay regarding the allegations, but nothing resolvable.
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11	Although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation(s) did or did not occur, therefore the allegation is unsubstantiated.
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13	An exit interview was conducted, no citations were issued. a copy of the report was read and given to staff.

Unsubstantiated

Estimated Days of Completion:

SUPERVISORS NAME: Liza King

LICENSING EVALUATOR NAME: Noel Wolf Petersen

LICENSING EVALUATOR SIGNATURE:

DATE: 09/19/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/19/2025

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

LIC9099 (FAS) - (06/04)

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