

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 342701213  
Report Date: 05/22/2025  
Date Signed: 05/22/2025 03:50:37 PM

### Substantiated

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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/15/2024** and conducted by Evaluator Kimberly Viarella

	<b>COMPLAINT CONTROL NUMBER: 27-AS-20241015143137</b>
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<b>FACILITY NAME:</b> CARLTON SENIOR LIVING SACRAMENTO	<b>FACILITY NUMBER:</b> 342701213
<b>ADMINISTRATOR:</b> WIMMER, KASIE	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 1075 FULTON AVENUE	<b>TELEPHONE:</b> (916) 971-4800
<b>CITY:</b> SACRAMENTO	<b>STATE:</b> CA <b>ZIP CODE:</b> 95825
<b>CAPACITY:</b> 185	<b>CENSUS:</b> 142 <b>DATE:</b> 05/22/2025
<b>MET WITH:</b> Cal Mendiola	<b>UNANNOUNCED TIME BEGAN:</b> 08:00 AM
	<b>TIME COMPLETED:</b> 12:00 PM

#### ALLEGATION(S):

1	Staff are not meeting resident's care needs
2	
3	
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#### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Kimberly Viarella made an unannounced visit to this facility on 05/22/25
2	to continue this investigation into the above allegation. LPA identified herself upon arrival, stated the
3	purpose of the visit, and asked to meet with the Designated Facility Administrator/Executive Director
4	(ED). LPA met with Cal Mendiola and a brief interview followed.
5	
6	Based on a review of records combined with information gathered from interviews, R1 was not receiving
7	their necessary incontinent care. An entry made on 08/18/24 stated that R1 was not changed prior to the
8	PM shift coming on duty and R1 and their bed "was soaking wet." On 8/28/24, it was also noted that R1
9	had a large bowel movement and that R1 was not changed prior to the PM shift coming on duty.
10	Additional care notes entered in the ALIS computer system, also described the following on 08/11/24 by 3
11	care partners. At 6:02, S3 wrote, "Care partners were not able to do last rounds because resident was
12	unable to stand. Care partners decided to wait until AM were here to try and stand R1 up to try again."
13	LPA asked S3 to describe how they cleaned and changed R1. S3 stated that because of R1's body type/shape, that it now required,

**Substantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Stephen Richardson

**NAME OF LICENSING PROGRAM ANALYST:** Kimberly Viarella

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 05/22/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 05/22/2025

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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**Control Number** 27-AS-20241015143137

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 (Cont)

**FACILITY NAME:** CARLTON SENIOR LIVING SACRAMENTO

**FACILITY NUMBER:** 342701213

**VISIT DATE:** 05/22/2025

### NARRATIVE

1 "at least 2 people to hold R1 up and steady, otherwise R1 sways back and forth. R1 has slid down onto  
2 the floor before because we can't keep R1 steady - their legs are weak." The third person is the one who  
3 actually cleans and changes R1. LPA asked why they didn't change R1 when R1 was horizontal in bed.  
4 S3 responded that they have tried that but, "R1 is very heavy and difficult to move, especially when R1  
5 is sound asleep. R1 is dead weight then, and some of the care partners are more petite than others.  
6 With an average person, that might not be an issue but R1 is big and heavy."  
7  
8 LPA observed care notes in logs which state, at 12:35 AM, during the NOC shift, , "We were not able to  
9 stand the resident up with 3 care partners. The resident was deadweight and was not assisting.  
10 Resident was very weak and was not understanding instructions. We contacted the med tech for advice.  
11 Alpha One assisted with continent care. Resident is becoming too heavy to turn and stand. The last  
12 observation made regarding weight/condition was in July. We have not received any updates regarding  
13 this issue.  
14  
15 This issue continued as documented by another care partner on 08/13/24 when they logged, "The  
16 resident was hard to do continent care and we call help from assisted living. We checked R1 4 care  
17 partners at the bed." LPA observed that an updated service plan was added to ALIS for R1 on 08/15/24.  
18 LPA noted the following upon reviewing the care plan dated 08/07/24. LPA observed from a review of  
19 records that from December of 2023, to October of 2024, R1 gained 18 pounds.  
20  
21 LPA reviewed documents including discharge paperwork from Kaiser. R1 had a rash and swelling in  
22 their groin area and they were diagnosed with a urinary tract infection.  
23  
24 On page 2 the new plan stated that the, "resident's risk for falling will be noted by staff." It went on to  
25 state, "the resident is encouraged to be out in the common areas during waking hours. Resident is  
26 encouraged to sit or lay down when feeling or staff sees resident fatigued. Resident wears proper  
27 footwear when awake and walking (tennis shoes) resident is on toileting services. Staff are to check on  
28 resident approximately every 2 hours for toileting assistance. Staff are to redirect resident back to the  
29 common areas, if and when, available." LPA requested incident reports for R1. From 07/06/24 to  
30 09/01/24, R1 had 1 witnessed and 4 unwitnessed falls.  
31  
32 R1 was not getting their incontinent care needs met. R1's care plan should have been updated after the  
first fall to include a strategic fall prevention plan in order to prevent the following falls from occurring.

**NAME OF LICENSING PROGRAM MANAGER:** Stephen Richardson

**NAME OF LICENSING PROGRAM ANALYST:** Kimberly Viarella

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 05/22/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 05/22/2025

**Control Number 27-AS-20241015143137**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
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**FACILITY NAME:** CARLTON SENIOR LIVING SACRAMENTO

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NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	The standard for the preponderance of evidence has been met and the Department finds the allegation, "Staff are not meeting residents care needs." to be SUBSTANTIATED. According to the California Code of Regulations, Title 22, this deficiency was cited on the LIC9099 D page.  A copy of this report was provided along with appeal rights and an exit interview was conducted.

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Stephen Richardson <b>NAME OF LICENSING PROGRAM ANALYST:</b> Kimberly Viarella <b>LICENSING PROGRAM ANALYST SIGNATURE:</b> _____ <div style="text-align: right;"><b>DATE:</b> 05/22/2025</div>
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

<b>FACILITY REPRESENTATIVE SIGNATURE:</b> _____ <div style="text-align: right;"><b>DATE:</b> 05/22/2025</div>
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**Citations on this Visit Report are Under Appeal!**

**Control Number 27-AS-20241015143137**

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**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 05/22/2025

Deficiency Type POC Due Date /	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
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Section Number		
<p><b>Under Appeal</b> Type A 05/23/2025 <b>Section Cited</b> CCR 87625(b)(3)</p>	<p>1 87625 Managed Incontinence 2 (b) In addition to Section 87611...the 3 licensee shall be responsible for...:3) 4 Ensuring that incontinent residents are 5 kept clean and dry ... The Licensee did 6 not ensure that the above regulation 7 was enforced as evidenced by:</p>	<p>1 The Designee stated that since this 2 complaint originated, a hoyer lift was 3 added to assist with this resident. 4 Currently the resident utilizes a 5 catheter. R1 will have increased 6 monitoring by the nursing staff and all 7 staff withll have additional training on</p>
	<p>8 Based on a review of records, as well 9 as interviews with staff carestaff 10 documented at least 3 incidents when 11 R1 was not changed or could not be 12 changed. This posed(es) an immediate 13 threat to the health safety and personal 14 rights of residents in care.</p>	<p>8 incontinent care skin checks and 9 documentation. A plan for training will 10 be submitted to CCL by the close of 11 business 05/23/25 with an outlne and 12 dates for completiong. 13 14</p>
<p><b>Under Appeal</b> Type A 05/23/2025 <b>Section Cited</b> CCR 87463(g)</p>	<p>1 87463 Reappraisals (g) The licensee 2 shall ensure corresponding changes 3 are made in the care and supervision 4 provided to the resident. 5 The licensee did not ensure the above 6 regulation was met as evidenced by: 7</p>	<p>1 Designee stated that the Director of 2 Memory Care will update the Care Plan 3 to include a strategic fall prevention 4 plan, a plan for skin breakdown 5 prevention, and any other concerns that 6 have developed since this complaint 7 was initiated. A draft of this plan will be completed and</p>
	<p>8 Based on a records review, R1 had a 9 total of 5 reported falls. Updated 10 appraisals did not show changes to 11 care and supervision. No strategic fall 12 prevention plan was put into place. This 13 posed(es) an immediate threat to the 14 health safety and personal rights of residents in care.</p>	<p>8 submitted by the close of business 9 5/23/25. 10 11 12 13 14</p>

**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Stephen Richardson	
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Kimberly Viarella	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 05/22/2025
<b>I acknowledge receipt of this form and understand my appeal rights as explained and received.</b>	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 05/22/2025