

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 342701213
Report Date: 09/12/2022
Date Signed: 09/12/2022 04:36:53 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 744 P STREET, MS 9-14-8201 SACRAMENTO, CA 95814
FACILITY EVALUATION REPORT	

FACILITY NAME:	CARLTON SENIOR LIVING SACRAMENTO	FACILITY NUMBER:	342701213
ADMINISTRATOR:	WIMMER, KASIE	FACILITY TYPE:	740
ADDRESS:	1075 FULTON AVENUE	TELEPHONE:	(916) 971-4800
CITY:	SACRAMENTO	STATE:	CA
CAPACITY:	185	ZIP CODE:	95825
TYPE OF VISIT:	Office	CENSUS:	DATE: 09/12/2022
MET WITH:	Facility Type: RCFE Application Type: CHOW Capacity: 99 Census (if any clients in care): Elderly COMP II Participants: Wimmer, Kasie, Administrator, Coluzzi, David, Corporate Board member Interview Method: Telephone interview	ANNOUNCED:	TIME BEGAN: 09:00 AM
		TIME COMPLETED:	09:36 AM

NARRATIVE	
1	On 09/12/2022 applicant/administrator participated in COMP II.
2	
3	Identification of the applicant and administrator was verified through
4	interview questions based on photo ID and other identifying personal
5	information. During COMP II, applicant and administrator confirmed the
6	understanding of the California Code Title 22 Regulations. Signed LIC 809
7	with copy of photo ID have been obtained.
8	
9	
10	
11	During COMP II, CAB analyst confirmed Applicant/Administrator's
12	understanding of following areas:
13	
14	1. Facility operation: License type, client/resident populations, and program
15	2. Admission Policies
16	3. Staffing requirements & Training
17	4. Restrictive/Prohibited Health Conditions
18	5. General provisions
19	6. Emergency Preparedness
20	7. Complaints & Reporting
21	8. Pre-licensing readiness
22	
23	

NAME OF LICENSING PROGRAM MANAGER: Darla Neeley

NAME OF LICENSING PROGRAM ANALYST: Katie Keith

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/12/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/12/2022

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