

Department of  
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 342701690  
Report Date: 07/27/2026  
Date Signed: 07/27/2026 03:46:08 PM

Unsubstantiated

|                                                        |                                                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100<br>SACRAMENTO, CA 95827 |
| COMPLAINT INVESTIGATION REPORT                         |                                                                                                                                                            |

This is an official report of an unannounced visit/investigation of a complaint received in our office on 02/11/2026 and conducted by Evaluator Pang Lee

|        |                                                |
|--------|------------------------------------------------|
| PUBLIC | COMPLAINT CONTROL NUMBER: 27-AS-20260211113537 |
|--------|------------------------------------------------|

|                |                                 |                         |                |
|----------------|---------------------------------|-------------------------|----------------|
| FACILITY NAME: | GOLDEN RESIDENCE SENIOR CARE II | FACILITY NUMBER:        | 342701690      |
| ADMINISTRATOR: | KALOULASULASU, TEVITA           | FACILITY TYPE:          | 740            |
| ADDRESS:       | 5105 VILLAGE WOOD DR            | TELEPHONE:              | (916) 840-5298 |
| CITY:          | SACRAMENTO                      | ZIP CODE:               | 95823          |
| CAPACITY:      | 6                               | DATE:                   | 07/27/2026     |
|                | STATE: CA                       | UNANNOUNCED TIME BEGAN: | 02:41 PM       |
|                | CENSUS: 6                       | TIME                    | 04:00 PM       |
| MET WITH:      | Tevita Kaloulasulasu            | COMPLETED:              |                |

ALLEGATION(S):

|   |                                                                                   |
|---|-----------------------------------------------------------------------------------|
| 1 | The facility allowed excluded individuals to work in the facility.                |
| 2 | Staff are forging resident documents.                                             |
| 3 | The Administrator is not present at the facility for a sufficient amount of time. |
| 4 |                                                                                   |
| 5 |                                                                                   |
| 6 |                                                                                   |
| 7 |                                                                                   |
| 8 |                                                                                   |
| 9 |                                                                                   |

INVESTIGATION FINDINGS:

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1  | On 07/027/2026, Licensing Program Analyst (LPA) Pang Lee conducted an unannounced visit to the facility. Upon arrival, the LPA Lee met with Administrator Tevita Kaloulasulasu and explained the purpose of the visit. The purpose of the visit was to deliver the findings related to the allegations above. At the time of the visit, the facility census was six.                                                                                                                                                                                                                                                                              |
| 2  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 3  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 4  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 5  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 6  | It was alleged that the facility allowed excluded individuals to work at the facility. The investigation consisted of interviews with facility staff and residents, as well as a review of facility records and observations. On 02/17/2026, LPA Lee conducted a facility visit and interviewed staff 1 (S1), who stated they had not seen excluded individuals E1 or E2 at the facility since the change of ownership in July 2025. Administrator Kaloulasulasu also denied the allegation, stating that the excluded individuals have not been at the facility since he assumed ownership and that they would not be permitted on the premises. |
| 7  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 8  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 9  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 10 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 11 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 12 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 13 | CONTINUED LIC 9099-C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

|                 |                               |
|-----------------|-------------------------------|
| Unsubstantiated | Estimated Days of Completion: |
|-----------------|-------------------------------|

|                                                                                                                               |  |                         |
|-------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|
| <b>SUPERVISORS NAME:</b> Arielle Pascua<br><b>LICENSING EVALUATOR NAME:</b> Pang Lee<br><b>LICENSING EVALUATOR SIGNATURE:</b> |  | <b>DATE:</b> 07/27/2026 |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.                       |  |                         |
| <b>FACILITY REPRESENTATIVE SIGNATURE:</b>                                                                                     |  | <b>DATE:</b> 07/27/2026 |

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  
**Control Number 27-AS-20260211113537**

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

**FACILITY NAME:** GOLDEN RESIDENCE SENIOR CARE II **FACILITY NUMBER:** 342701690  
**VISIT DATE:** 07/27/2026

| NARRATIVE |                                                                                                                |
|-----------|----------------------------------------------------------------------------------------------------------------|
| 1         | Four of the four residents interviewed stated they had not observed the excluded individuals at the            |
| 2         | facility. Two additional residents declined to be interviewed. LPA Lee reviewed the facility's LIC 500,        |
| 3         | Personnel Report, and the Guardian background check system and found that neither excluded                     |
| 4         | individual was listed as facility personnel. Additionally, since the change of ownership on 07/07/2025, the    |
| 5         | Department has conducted six visits to the facility, during which LPA Lee did not observe either excluded      |
| 6         | individual on-site. Based on interviews, record reviews, and observations, there is insufficient evidence      |
| 7         | to support the allegation that the facility allowed excluded individuals to work at the facility. Therefore,   |
| 8         | the allegation is unsubstantiated.                                                                             |
| 9         |                                                                                                                |
| 10        | It was alleged that staff were forging resident documents. The investigation included interviews with          |
| 11        | facility staff and residents, as well as a review of facility records. During interviews, S1 and Administrator |
| 12        | Kaloulasulasu denied the allegation, stating that the residents' LIC 602 Physician's Reports were              |
| 13        | obtained during the change of ownership and that no documents had been altered or falsified. Four of           |
| 14        | the four residents interviewed stated that facility staff transport them to medical appointments or the        |
| 15        | hospital when needed. During a facility visit on 02/17/2026, LPA Lee collected residents LIC 602               |
| 16        | Physician's Reports for six residents. A review of the records showed that all six reports were complete       |
| 17        | and contained physician signatures. On 03/18/2026, LPA Lee contacted the licensed medical                      |
| 18        | professionals who completed the six residents' LIC 602 Physician's Reports; however, they were unable          |
| 19        | to verify whether the documents had been forged or falsified. LPA Lee also attempted to verify the             |
| 20        | authenticity of the physician signatures but was unable to confirm. Based on interviews and the records        |
| 21        | reviewed, there is insufficient evidence to support the allegation that the facility forged resident           |
| 22        | documents. Therefore, the allegation is unsubstantiated.                                                       |
| 23        |                                                                                                                |
| 24        | It was alleged that the facility Administrator is not present at the facility for a sufficient amount of time. |
| 25        | The investigation consisted of interviews with facility staff and residents, as well as a review of facility   |
| 26        | records and observations. S1 denied the allegation, stating that Administrator Kaloulasulasu oversees          |
| 27        | two facilities and divides his time between them. S1 reported that when the Administrator is not on-site,      |
| 28        | he remains available by phone and that S1 has no concern regarding the Administrator's availability. S1        |
| 29        | further stated that Administrator Kaloulasulasu is present at the facility approximately two to three times    |
| 30        | per week.                                                                                                      |
| 31        |                                                                                                                |
| 32        | CONTINUED LIC 9099-C                                                                                           |

|                                                                                                                               |  |                         |
|-------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|
| <b>SUPERVISORS NAME:</b> Arielle Pascua<br><b>LICENSING EVALUATOR NAME:</b> Pang Lee<br><b>LICENSING EVALUATOR SIGNATURE:</b> |  | <b>DATE:</b> 07/27/2026 |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.                       |  |                         |
| <b>FACILITY REPRESENTATIVE SIGNATURE:</b>                                                                                     |  | <b>DATE:</b> 07/27/2026 |

LIC9099 (FAS) - (06/04) Page: 2 of 3  
**Control Number 27-AS-20260211113537**

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>SACRAMENTO SOUTH ASC, 9835 GOETHE |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|

**COMPLAINT INVESTIGATION REPORT  
(Cont)**

ROAD, SUITE 100  
SACRAMENTO, CA 95827

**FACILITY NAME:** GOLDEN RESIDENCE SENIOR CARE II

**FACILITY NUMBER:** 342701690

**VISIT DATE:** 07/27/2026

**NARRATIVE**

1 Four of the four residents interviewed were able to identify Administrator Kaloulasulasu and S1 by name,  
2 indicating they were familiar with both staff members. The residents also stated that the Administrator is  
3 present at the facility approximately two to four times per week. Two additional residents declined to be  
4 interviewed. A review of the facility's LIC 500, Personnel Report, showed that Administrator  
5 Kaloulasulasu is scheduled to work at the facility on Wednesdays, Fridays, and Saturdays from 7:00  
6 a.m. to 7:00 p.m. Additionally, since the change of ownership on 07/07/2025, the Department has  
7 conducted six facility visits (08/28/2025, 10/14/2025, 03/10/2026, 01/08/2026, 02/17/2026 and  
8 07/08/2026). The Administrator was present during three of those visits (10/14/2025, 01/08/2028 and  
9 07/08/2026). The remaining three visits when the Administrator was not present occurred on Tuesday  
10 and Thursday, which are not days he is scheduled to work at the facility according to the LIC 500  
11 Personnel Report. Based on interviews, record review, and observations, there is insufficient evidence  
12 to support the allegation that the facility Administrator is not present at the facility for a sufficient amount  
13 of time. Therefore, the allegation is unsubstantiated.  
14  
15 The investigation revealed the preponderance of evidence standards have not been met; therefore, the  
16 above allegations are found to be UNSUBSTANTIATED. A finding that the complaint allegations are  
17 UNSUBSTANTIATED means that although the allegations may have happened or are valid, there is not  
18 a preponderance of the evidence to prove that the alleged violation(s) occurred. An exit interview was  
19 conducted with Administrator Kaloulasulasu and a copy of this report was provided to the facility.  
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|----------------------------------------------------------------------------------------------------------------|-------------------------|
| <b>SUPERVISORS NAME:</b> Arielle Pascua                                                                        |                         |
| <b>LICENSING EVALUATOR NAME:</b> Pang Lee                                                                      |                         |
| <b>LICENSING EVALUATOR SIGNATURE:</b>                                                                          | <b>DATE:</b> 07/27/2026 |
| <b>I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.</b> |                         |
| <b>FACILITY REPRESENTATIVE SIGNATURE:</b>                                                                      | <b>DATE:</b> 07/27/2026 |