

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 345002805
Report Date: 07/21/2026
Date Signed: 07/21/2026 10:56:25 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 07/14/2026 and conducted by Evaluator Talwinder Bains

	COMPLAINT CONTROL NUMBER: 59-AS-20260714110409
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FACILITY NAME:	CARLTON SENIOR LIVING ORANGEVALE	FACILITY NUMBER:	345002805
ADMINISTRATOR:	DIRAR, EMANUEL	FACILITY TYPE:	740
ADDRESS:	8773 OAK RD	TELEPHONE:	(916) 988-2200
CITY:	ORANGEVALE	ZIP CODE:	95662
CAPACITY:	136	DATE:	07/21/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	10:30 AM
	CENSUS: 82	TIME	
MET WITH:	Administrator,Emanuel Dirar	COMPLETED:	11:15 AM

ALLEGATION(S):

1	Staff do not prevent the spread of scabies.
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INVESTIGATION FINDINGS:

1	On 7/21/26, Licensing Program Analyst (LPA) Talwinder Bains arrived unannounced to do complaint investigation for allegations listed above. LPA met with Administrator, Emanuel Dirar during today's visit
2	and explained the purpose of the visit.
3	
4	During the investigation, the Department conducted interviews and reviewed documentation pertinent to
5	the investigation. Based on observation, record review, and statement reviewed, the facility was following
6	universal precautions to address scabies cases at the facility. As a precaution, during the first sign of a
7	rash of any resident, facility puts out PPE outside the resident room, notifies staff of the potential of
8	scabies, and an in-service to staff is reviewed on proper hand washing and universal precautions. Facility
9	encouraged residents to stay in their room during the episode. During the course of investigation, it was
10	learnt that facility has two confirmed cases of scabies (one in April and one in June 2026) in memory care
11	unit but no cases for staff due to this matter. Additionally, staff were reporting any unusual skin rash
12	concerns for any resident with their doctors and following their recommendation for treatment. It was also
13	noted that facility notified all scabies cases to Local Health Department and followed their guidelines to
	handle these cases. Local Health Department conducted facility visit due to this issue on 7/16/26 and
	there were no findings. Based on the information gathered, it was evaluated that facility took appropriate
	measures to address scabies cases for residents and there were no concerns, therefore, the allegation is

Unsubstantiated. This agency has investigated this allegation, and it was concluded that it was Unsubstantiated. A finding that the complaint allegations is UNSUBSTANTIATED means that although the allegations may have happened or is valid, there is not a preponderance of the evidence to prove that the alleged violations occurred.

Exit interview conducted. A copy of this report was left at the facility.

Unsubstantiated

Estimated Days of Completion:

SUPERVISORS NAME: Laura Munoz

LICENSING EVALUATOR NAME: Talwinder Bains

LICENSING EVALUATOR SIGNATURE:

DATE: 07/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/21/2026

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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