

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 345920216

Report Date: 02/25/2026

Date Signed: 02/25/2026 02:05:24 PM

Unfounded

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 **02/20/2026** and conducted by Evaluator Cassie Yang

	COMPLAINT CONTROL NUMBER: 59-AS-20260220113515
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FACILITY NAME: ROSE ARBOR VILLAGE	FACILITY NUMBER: 345920216
ADMINISTRATOR: KLINK, GREG	FACILITY TYPE: 740
ADDRESS: 2001 ROSE ARBOR DRIVE	TELEPHONE: (916) 216-8958
CITY: SACRAMENTO	ZIP CODE: 95835
CAPACITY: 108	DATE: 02/25/2026
MET WITH: Tammy Alves	UNANNOUNCED TIME BEGAN: 11:30 AM
	TIME COMPLETED: 02:10 PM

ALLEGATION(S):

1	Facility staff hit resident while in care.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Cassie Yang arrived at the facility to conduct an investigation regarding the allegation cited above. LPA met with Health Wellness Director and explained the purpose of the visit.
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4	Allegation of: Facility staff hit resident while in care, the Department conducted interviews with Health and Wellness Director, which revealed R1 has been cognitively declining and stated S1 has hit R1 while brushing R1's hair. Interview conducted with S1 revealed that S1 did not hit R1, but it was mentioned that R1 had knots in their hair and when brushing, the brush tugged on it. Interview conducted with R1's power of attorney revealed that R1 has been drastically declining and being very agitated. Interview further revealed that R1 has been confused, thinking R1 is in San Francisco. Facility is in the process of relocating R1 to a higher level of care. R1's power of attorney denied ever seeing any staff hitting or treating R1 negatively and stated staff's care has been exceptional. Based on information obtained, the allegation is unfounded. The complaint is UNFOUNDED, meaning that the allegation was false, could not have happened and/or is without a reasonable basis. Exit interview conducted and report provided.
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Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Anthony Perez
LICENSING EVALUATOR NAME: Cassie Yang
LICENSING EVALUATOR SIGNATURE:

DATE: 02/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/25/2026

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