<meta name="robots" content="noindex">

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 345920216
Report Date: 07/28/2026
Date Signed: 07/28/2026 03:14:41 PM

Unsubstantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/31/2025** and conducted by Evaluator Kerry Hiratsuka

COMPLAINT CONTROL NUMBER: 59-AS-20251031145045

FACILITY NAME:	ROSE ARBOR VILLAGE			**FACILITY NUMBER:**	345920216
ADMINISTRATOR:	KLICK, GREG			**FACILITY TYPE:**	740
ADDRESS:	2001 ROSE ARBOR DRIVE			**TELEPHONE:**	(916) 216-8958
CITY:	SACRAMENTO	**STATE:** CA		**ZIP CODE:**	95835
CAPACITY:	0	**CENSUS:**	UNANNOUNCED	**DATE:**	07/28/2026
				TIME BEGAN:	01:35 PM
MET WITH:	Health and Wellness Director Tammy Alves (HWD)			**TIME COMPLETED:**	03:25 PM

ALLEGATION(S):

1	Staff do not prevent resident from eloping from the facility
2	Staff do not follow reporting requirements
3	Staff are mismanaging residents medications and/or treatments
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Hiratsuka, conducted this visit to the facility to deliver final findings
2	regarding a complaint that was received on 10/31/2025. The time frame of the allegations is prior to the
3	complaint received by the department
4	
5	Based on the information obtained during the course of the investigation, the Department is unable to
6	determine the validity of the allegations listed above. Therefore, the allegations above are
7	unsubstantiated.
8	
9	A finding that a complaint allegation is unsubstantiated means that, although the allegation may have
10	happened or is valid, there is not a preponderance of the evidence to prove that the alleged violation
11	occurred.
12	No deficiencies cited
13	

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Troy Ordonez
LICENSING EVALUATOR NAME: Kerry Hiratsuka
LICENSING EVALUATOR SIGNATURE:
DATE: 07/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/28/2026

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