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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 347004346
Report Date: 08/05/2026
Date Signed: 08/05/2026 12:21:57 PM

Unfounded

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 **07/03/2026** and conducted by Evaluator Talwinder Bains

	COMPLAINT CONTROL NUMBER: 59-AS-20260703150941

FACILITY NAME:	SUNRISE ASSISTED LIVING OF CARMICHAEL			**FACILITY NUMBER:**	347004346
ADMINISTRATOR:	SANDERS, JESSICA			**FACILITY TYPE:**	740
ADDRESS:	5451 FAIR OAKS BLVD			**TELEPHONE:**	(916) 485-4500
CITY:	CARMICHAEL	**STATE:** CA		**ZIP CODE:**	95608
CAPACITY:	66	**CENSUS:** 45		**DATE:**	08/05/2026
		UNANNOUNCED		**TIME BEGAN:**	12:00 PM
MET WITH:	Administrator Jessica Sanders			**TIME COMPLETED:**	12:35 PM

ALLEGATION(S):

1	Staff do not ensure the facility is clean and sanitary.
2	Facility is malodorous.
3	Staff do not ensure the facility is properly maintained
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INVESTIGATION FINDINGS:

1	On 8/5/26, Licensing Program Analyst (LPA) Talwinder Bains arrived at the facility unannounced to
2	deliver complaint findings into the allegations listed above and met with Administrator Jessica Sanders.
3	
4	During the investigation, the Department conducted interviews and reviewed documentation pertinent to
5	the investigation.
6	
7	The results of the investigation are as follows:
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9	
10	**Report continued on 9099-C**
11	
12	
13	

Unfounded	**Estimated Days of Completion:**

SUPERVISORS NAME: Laura Munoz
LICENSING EVALUATOR NAME: Talwinder Bains
LICENSING EVALUATOR SIGNATURE:
DATE: 08/05/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/05/2026

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

Control Number 59-AS-20260703150941

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 (Cont)	

FACILITY NAME: SUNRISE ASSISTED LIVING OF CARMICHAEL
FACILITY NUMBER: 347004346

VISIT DATE: 08/05/2026

NARRATIVE

**Report continued from 9099.....

Allegation- Staff do not ensure the facility is clean and sanitary .UNFOUNDED

During the investigation, interviews were conducted with four staff members and three residents. Staff consistently reported that the facility is cleaned daily and that housekeeping services are performed on a routine basis. Staff further stated that housekeeping and maintenance personnel are contacted as needed to address any additional cleaning concerns. Residents interviewed reported no concerns regarding the cleanliness or sanitation of the facility. The Department did not obtain evidence to support that staff failed to ensure the facility was maintained in a clean and sanitary condition. Therefore, the allegation is determined to be unfounded. A finding of unfounded means that the allegation is false, could not have happened and/or is without a reasonable basis.

Allegation- Facility is malodorous .UNFOUNDED
Interviews with four staff members and three residents revealed no reports or observations of persistent unpleasant odors within the facility. Residents stated they had not experienced or noticed malodorous conditions. The Department did not obtain evidence demonstrating the presence of odors that would indicate the facility was not maintained in accordance with applicable health and sanitation requirements. Therefore, the allegation is determined to be unfounded. A finding of unfounded means that the allegation is false, could not have happened and/or is without a reasonable basis.

Allegation- Staff do not ensure the facility is properly maintained. UNFOUNDED
Interviews with four staff members established that maintenance requests are submitted as needed and addressed promptly by maintenance personnel. Staff reported that repairs are completed in a timely manner when issues arise. Residents interviewed did not express concerns regarding the maintenance or condition of the facility. The Department did not obtain evidence that the facility was not properly maintained or that staff failed to ensure necessary maintenance was performed. Therefore, the allegation is determined to be unfounded. A finding of unfounded means that the allegation is false, could not have happened and/or is without a reasonable basis.

Exit interview conducted. Report left with facility.

SUPERVISORS NAME: Laura Munoz
LICENSING EVALUATOR NAME: Talwinder Bains
LICENSING EVALUATOR SIGNATURE:
DATE: 08/05/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/05/2026