

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 347005464

Report Date: 10/09/2025

Date Signed: 10/09/2025 12:08:13 PM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH 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 **10/03/2025** and conducted by Evaluator Vincent Moleski

PUBLIC	COMPLAINT CONTROL NUMBER: 27-AS-20251003122158
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FACILITY NAME: CARLTON PLAZA OF ELK GROVE	FACILITY NUMBER: 347005464
ADMINISTRATOR: JENNELL REVERA	FACILITY TYPE: 740
ADDRESS: 6915 ELK GROVE BLVD.	TELEPHONE: (916) 714-2404
CITY: ELK GROVE	ZIP CODE: 95758
CAPACITY: 180	DATE: 10/09/2025
MET WITH: Jennell Revera	UNANNOUNCED TIME BEGAN: 09:00 AM
	TIME COMPLETED: 12:15 PM

ALLEGATION(S):

1	Staff are not administering medication(s) to resident in care as prescribed.
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INVESTIGATION FINDINGS:

1	Licensing Program Analysts (LPAs) Vincent Moleski and Triel Lindstrom arrived unannounced to open this complaint. LPA Moleski met with facility administrator Jennell Revera and explained the purpose of the visit.
2	
3	
4	
5	This investigation consisted of record review and interviews. LPA Moleski interviewed Revera and two staff members (S1-S2).
6	
7	
8	In an interview, the facility's medication manager (S1) admitted that there had been a medication error for a resident (R1). S1 said that R1 had not been receiving a medication used to treat Parkinson's disease
9	for several days due to an error in transcribing the prescription order into the facility's medication
10	administration records (MARs). S1 said that R1 missed four daily doses of the medication between
11	September 18 and September 25. [continued on 9099-C]
12	
13	

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Stephen Richardson
LICENSING EVALUATOR NAME: Vincent Moleski
LICENSING EVALUATOR SIGNATURE:

DATE: 10/09/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/09/2025

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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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100
SACRAMENTO, CA 95827

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: CARLTON PLAZA OF ELK GROVE

FACILITY NUMBER: 347005464

VISIT DATE: 10/09/2025

NARRATIVE

1 LPA Moleski reviewed R1's MARs. LPA Moleski observed that R1 had been taking the medications four
2 times daily between September 13 and 17. R1 received one dose on the morning of September 18, at
3 which point the medication was marked discontinued in R1's MARs. The medication was started again
4 at 3 p.m. on September 25, and R1 continued to receive their medications as prescribed for the rest of
5 the month.
6

7 LPA Moleski reviewed a fax sent to R1's prescriber dated 9/29/25 reporting the error. The fax stated that
8 R1 received an order to increase a different order for the same medication on 9/18/25. "However, the
9 order was not transcribed correctly," the fax read." As a result, the existing order ... was inadvertently
10 discontinued. This led to [the medication] being missed from 9/18/2025 at 10:00 a.m. until 9/25/2025 at
11 12:00 p.m."
12

13 In an interview, S2 admitted to incorrectly transcribing the order. LPA Moleski reviewed fax and email
14 records and observed that no incident report was received by the Community Care Licensing Division
15 (CCLD) regarding this error. S2 said no report was sent to CCLD. 22 CCR Section 87211(a)(1)(D)
16 requires that licensees report "any incident which threatens the welfare, safety or health of any
17 resident..." This reporting error will be addressed in a separate case management report.
18

19 The department has determined the following as it relates to the allegation that staff are not
20 administering medication(s) to a resident in care as prescribed:
21

22 Based on interviews and record review, the above allegation is SUBSTANTIATED. A finding that the
23 complaint allegation is substantiated means that the allegation is valid because the preponderance of
24 evidence standard has been met.
25

26 This facility is hereby cited per 22 CCR Section 87465(a)(4). An exit interview was held with Revera.
27 Appeal rights and a copy of this report were left with Revera.
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30
31
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SUPERVISORS NAME: Stephen Richardson
LICENSING EVALUATOR NAME: Vincent Moleski
LICENSING EVALUATOR SIGNATURE:

DATE: 10/09/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/09/2025

LIC9099 (FAS) - (06/04)

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Control Number 27-AS-20251003122158

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SACRAMENTO SOUTH ASC, 9835 GOETHE

**COMPLAINT INVESTIGATION REPORT
(Cont)**

ROAD, SUITE 100
SACRAMENTO, CA 95827

FACILITY NAME: CARLTON PLAZA OF ELK GROVE
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 347005464
VISIT DATE: 10/09/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 10/10/2025 Section Cited CCR 87465(a)(4)	1 "(4) The licensee shall assist residents 2 with self-administered medications as 3 needed." This requirement was not met 4 as evidenced by: 5 6 7	1 Licensee agrees to notify LPA Moleski 2 of a planned training date regarding 3 medication order transcriptions by POC 4 due date. 5 vincent.moleski@dss.ca.gov 6 7
	8 Based on interviews and record review, 9 a resident (R1) did not receive their 10 regularly prescribed medication for 11 more than six days, which poses an 12 immediate health, safety, and/or 13 personal rights risk. 14	8 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISORS NAME: Stephen Richardson	
LICENSING EVALUATOR NAME: Vincent Moleski	
LICENSING EVALUATOR SIGNATURE:	DATE: 10/09/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 10/09/2025