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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 347005464
Report Date: 07/21/2026
Date Signed: 07/21/2026 02:23:13 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH 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 **06/12/2026** and conducted by Evaluator Shakaricka Hughes

PUBLIC	COMPLAINT CONTROL NUMBER: 27-AS-20260612145210

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	**STATE:** CA		**ZIP CODE:**	95758
CAPACITY:	180	**CENSUS:** 143		**DATE:**	07/21/2026
		UNANNOUNCED		**TIME BEGAN:**	12:46 PM
MET WITH:	Administrator: Jennell Revera			**TIME COMPLETED:**	02:45 PM

ALLEGATION(S):

1	Staff did not allow resident to go outside.
2	Staff did not keep resident safe from harm.
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INVESTIGATION FINDINGS:

1	On 07/21/2026, Licensing Program Analyst (LPA) Shakaricka Hughes arrived unannounced to this facility
2	to conduct a complaint visit. LPA met with the facility administrator Jennell and explained the purpose of
3	the visit. The purpose of this visit is to deliver complaint findings for the allegations above. The current
4	census is 143.
5	
6	Allegation: Staff did not allow resident to go outside
7	It was alleged that staff did not allow resident to go outside. This investigation consisted of interview
8	residents and facility staff. On 06/16/2026, LPA Hughes conducted a visit to the facility and spoke with
9	the Resident Services Director, who stated that the facility has a policy encouraging residents to remain
10	indoors during inclement weather or when temperatures exceed 85 degrees Fahrenheit. The Resident
11	Services Director further stated that residents ultimately determine whether and when they wish to leave
12	the facility. During the visit, LPA observed inclement weather posters displayed throughout the facility
13	advising residents of the facility's policy regarding outdoor activities during periods of extreme weather.
	Continuation 9099-C

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Arielle Pascua
LICENSING EVALUATOR NAME: Shakaricka Hughes
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.

Control Number 27-AS-20260612145210

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: 07/21/2026

NARRATIVE

LPA interviewed resident (R1), who stated they had never been told by care companions or facility staff that they were not permitted to leave the facility. LPA also interviewed three (3) residents, who stated they are aware that staff prefer residents to stay indoors during inclement weather, however all (3) residents stated they were permitted to go outdoors if they choose to do so. Additionally, LPA interviewed an outside reporting source, who stated they no longer had information supporting the allegation and were unaware of the facility's policy regarding residents going outdoors during inclement weather. Based on the information and evidence obtained, there is insufficient evidence to support the allegation. Therefore, the allegation is unsubstantiated.

Allegation: Staff did not keep a resident safe from harm

It was alleged that staff did not keep a resident safe from harm. This investigation consisted of interviews with facility staff, and residents. On 06/16/2026, LPA Hughes conducted a visit to the facility and spoke with the Health Services Director, who stated that staff present during the incident immediately intervened by separating the residents and providing assistance. On 07/21/2026, LPA Hughes conducted a follow-up visit to the facility and interviewed facility staff (S1) who stated that during the incident on 06/11/2026, she observed staff promptly remove resident (R1) from the area, redirect the resident, and spoke with the care companion regarding the incident. LPA also interviewed three (3) residents in care who stated they had no concerns regarding facility staff handling residents or themselves in a rough manner or failing to maintain a safe environment. Based on the information and evidence obtained during the investigation, there is insufficient evidence to corroborate this allegation. Therefore, the allegation is unsubstantiated.

The investigation revealed the preponderance of evidence standards have not been met; therefore, the above allegations are found to be **UNSUBSTANTIATED**. A finding that the complaint allegations are UNSUBSTANTIATED means that although the allegations may have happened or are valid, there is not a preponderance of the evidence to prove that the alleged violations occurred.

SUPERVISORS NAME: Arielle Pascua
LICENSING EVALUATOR NAME: Shakaricka Hughes
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