

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 347005467
Report Date: 08/07/2024
Date Signed: 08/07/2024 09:12:25 AM

Unsubstantiated

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 **05/06/2024** and conducted by Evaluator Kevin Mknelly

	COMPLAINT CONTROL NUMBER: 59-AS-20240506111114
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FACILITY NAME: BROOKDALE FOLSOM	FACILITY NUMBER: 347005467
ADMINISTRATOR: KRISTINE CLAWSON	FACILITY TYPE: 740
ADDRESS: 780 HARRINGTON WAY	TELEPHONE: (916) 983-9300
CITY: FOLSOM	STATE: CA ZIP CODE: 95630
CAPACITY: 130	CENSUS: 87 DATE: 08/07/2024
MET WITH: Dianne Palmer	UNANNOUNCED TIME BEGAN: 08:50 AM
	TIME COMPLETED: 09:20 AM

ALLEGATION(S):

1	Staff member provides care under the influence of drugs and alcohol
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INVESTIGATION FINDINGS:

1	On 8/7/24, Licensing Program Analyst s (LPAs) Kevin Mknelly and Graham Gunby conducted an
2	unannounced complaint investigation visit to deliver the findings for the above allegations and met with
3	Dianne Palmer, Health and Wellness Director.
4	
5	The department conducted records review and extensive interviews.
6	The department is unable to find and or meet the preponderance, per policy.
7	
8	An anonymous report was received by the department on 5/6/24, with limited details alleging S1 has
9	been under the influence of illegal drugs and alcohol while working at Brookdale – Folsom RCFE.
10	Multiple attempts to identify and contact the reporting party were unsuccessful.
11	
12	Current and former staff, as well as residents were interviewed and reported that S1 is a very good
13	employee

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Maribeth Senty
NAME OF LICENSING PROGRAM ANALYST: Kevin Mknelly
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/07/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/07/2024

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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Control Number 59-AS-20240506111114

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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: BROOKDALE FOLSOM

FACILITY NUMBER: 347005467

VISIT DATE: 08/07/2024

NARRATIVE

1 and caregiver. There were no reports of any concern or suspicion that S1 had ever
2 been under the influence of drugs or alcohol while working at the facility. There was
3 no documented relevant disciplinary action or concerns in S1's employee file.
4

5
6 S1 was interviewed and denied ever being under the influence of drugs or alcohol
7 while working at the facility. Based on information obtained, there is not a
8 preponderance of evidence to substantiate the allegation.
9

10
11 As a result of this investigation, LPA finds allegation to be (US)Unsubstantiated - A
12 finding that the complaint is Unsubstantiated means that although the allegation may
13 have happened or is valid, there is not a preponderance of the evidence to prove
14 that the alleged violation occurred.
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17 Exit interview with Dianne Palmer and report copy provided.
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