

Department of

**SOCIAL SERVICES**

*Community Care Licensing*

**COMPLAINT INVESTIGATION REPORT**

Facility Number: 347005467

Report Date: 01/13/2026

Date Signed: 01/13/2026 05:12:57 PM

**Substantiated**

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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/23/2025** and conducted by Evaluator Angela Hood

	<b>COMPLAINT CONTROL NUMBER: 59-AS-20251023095816</b>
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<b>FACILITY NAME:</b> BROOKDALE FOLSOM	<b>FACILITY NUMBER:</b> 347005467
<b>ADMINISTRATOR:</b> SHARI KRANIG	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 780 HARRINGTON WAY	<b>TELEPHONE:</b> (916) 983-9300
<b>CITY:</b> FOLSOM	<b>ZIP CODE:</b> 95630
<b>CAPACITY:</b> 130	<b>DATE:</b> 01/13/2026
<b>MET WITH:</b> Shari Kranig, Executive Director	<b>UNANNOUNCED TIME BEGAN:</b> 11:25 AM
	<b>TIME COMPLETED:</b> 05:25 PM

**ALLEGATION(S):**

1	-Staff are mismanaging residents' medications
2	-Staff were not checking resident's blood pressure resulting in hospitalization
3	-Staff did not ensure resident had water resulting in dehydration
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Angela Hood arrived at the care home today and met with the
2	Executive Director, Sheri Kranig, to deliver complaint investigation findings into the above stated
3	allegations.
4	
5	During the course of the investigation, LPA conducted a medication count, conducted interviews, and
6	obtained documentation pertinent to the investigation.
7	
8	Allegation: Staff are mismanaging residents' medications
9	On October 24, 2025, LPA conducted a medication count for residents (R2 and R3), comparing the
10	residents' medication lists on file with medication centrally stored for the residents. LPA observed two (2)
11	medications for R2 that were over the amount documented. LPA observed one (1) medication for R3 that
12	was over the amount documented.
13	
	*****Continued on LIC9099- C*****

**SUPERVISORS NAME:** Maribeth Senty  
**LICENSING EVALUATOR NAME:** Angela Hood  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/13/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 01/13/2026

**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-20251023095816**

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:** BROOKDALE FOLSOM**FACILITY NUMBER:** 347005467**VISIT DATE:** 01/13/2026**NARRATIVE**

- 1 Allegation: Staff were not checking resident's blood pressure resulting in hospitalization  
 2 According to resident (R1's) personal service plan, facility staff are to "consider possibility of orthostatic  
 3 hypotension and respond as needed". R1's progress notes indicated that, on October 5, 2025 at  
 4 12:19pm, R1 was not feeling well, had no fever, but said that their stomach aches. R1's progress notes  
 5 indicated that, on October 6, 2025 at 9:44am, R1 indicated that their stomach was cramping. Progress  
 6 notes indicated that facility staff would contact R1's responsible party to have them take R1 to the  
 7 doctor. The facility does not have any progress notes between September 18, 2025 and October 5,  
 8 2025 indicating any observations of R1. R1's responsible party indicated that when they arrived at the  
 9 care home R1 did not look well and they were told by staff that R1 had not been eating and had been  
 10 staying in bed for the past 3 days. R1's responsible party indicated that, on October 6, 2025, they took  
 11 R1 to a routine doctor's visit where they were informed that R1 had low blood pressure and needed an  
 12 EKG. According to hospital records dated October 6, 2025-October 7, 2025, the chief complaint was R1  
 13 "not feeling well, GWK, sleeping more than normal, dizziness x a few days. Patient from Brookdale.  
 14 Patient saw cardiologist this AM, BP was low at the clinic". Hospital records indicated that R1 was  
 15 diagnosed with hypotension likely secondary to component of dehydration and antihypertensive  
 16 medications. Hospital records indicated that they made adjustments to R1's antihypertensive medication  
 17 regimen. R1 was released from the hospital on October 7, 2025, however, R1's responsible party did not  
 18 return R1 to the facility.  
 19  
 20 Allegation: Staff did not ensure resident had water resulting in dehydration  
 21 According to hospital records dated October 6, 2025-October 7, 2025, R1 was diagnosed with  
 22 hypotension likely secondary to component of dehydration and antihypertensive medications. Hospital  
 23 records indicated that R1 was provided with IV fluids, due to diagnosis.  
 24  
 25 Based on medication count, records reviewed, and interviews conducted, the preponderance of  
 26 evidence standards have been met. Therefore, the above allegations are found to be SUBSTANTIATED.  
 27 Per California Code of Regulations, Title 22, Division 6, Chapter 8, deficiencies are being cited on the  
 28 attached 9099-D page.  
 29  
 30 Exit interview conducted. A copy of this report and appeal rights were provided.  
 31  
 32

**SUPERVISORS NAME:** Maribeth Senty  
**LICENSING EVALUATOR NAME:** Angela Hood  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/13/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 01/13/2026

LIC9099 (FAS) - (06/04)

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**Control Number 59-AS-20251023095816**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**COMPLAINT INVESTIGATION REPORT  
(Cont)**

COMMUNITY CARE LICENSING DIVISION  
SACRAMENTO NORTH ASC, 9835 GOETHE  
ROAD, SUITE 100  
SACRAMENTO, CA 95827

**FACILITY NAME:** BROOKDALE FOLSOM

**FACILITY NUMBER:** 347005467

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 01/13/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 01/14/2026 Section Cited CCR 87465(a)(4)	1 87465 Incidental Medical and Dental 2 Care (a) A plan for incidental medical 3 and dental care shall be developed by 4 each facility...by compliance with the 5 following: (4) The licensee shall assist 6 residents with self-administered 7 medications as needed. This requirement is not met as evidenced by:	1 Facility agrees to conduct an in-service 2 training with Med-Techs on medication 3 administration and the importance of 4 accurate documentation. Facility will 5 also begin conducting medication 6 audits to ensure there are no errors. 7
	8 Based on medication counts and 9 records reviewed, the facility did not 10 ensure that residents (R2 and R3) were 11 receiving medications as prescribed, 12 which poses an immediate health, 13 safety, and personal rights risk to 14 residents in care.	8 Facility will submit information 9 regarding in-service training and 10 medication audit, including time and 11 date of in-service and training material, 12 to LPA by POC due date of 1/14/26. 13 Facility requested an extension for 14 1/23/26.
Type A 01/14/2026 Section Cited CCR 87466	1 87466 Observation of the Resident The 2 licensee shall ensure that residents are 3 regularly observed for changes in 4 physical, mental, emotional and social 5 functioning and that appropriate 6 assistance is provided when such 7 observation reveals unmet needs. When changes such as unusual weight gains or losses or deterioration of mental ability or a physical health condition are observed, the licensee shall ensure that such changes are documented and brought to the attention of the resident's physician and the resident's responsible person, if any. This requirement is not met as evidenced by:	1 Facility agrees to conduct an in-service 2 training with staff regarding observation 3 of residents. Facility will submit to LPA 4 information regarding in-service 5 training, including time and date of in- 6 service and training material, by POC 7 due date of 1/14/26. Facility requested an extension for 1/23/26.
	8 Based on documentation reviewed, the 9 facility did not ensure R1 was observed 10 for symptoms of possible changes in 11 blood pressure, which poses an 12 immediate health, safety, and personal 13 rights risk to residents in care. 14	8 9 10 11 12 13 14

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

<b>SUPERVISORS NAME:</b> Maribeth Senty	
<b>LICENSING EVALUATOR NAME:</b> Angela Hood	
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 01/13/2026
<b>I acknowledge receipt of this form and understand my appeal rights as explained and received.</b>	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 01/13/2026

**COMPLAINT INVESTIGATION REPORT  
(Cont)**

FACILITY NAME: BROOKDALE FOLSOM

FACILITY NUMBER: 347005467

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/13/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 01/14/2026 Section Cited CCR 87464(f)(1)	1 87464 Basic Services (f) Basic services 2 shall at a minimum include:(1) Care and 3 supervision as defined in Section 4 87101(c)(3) and Health and Safety 5 Code section 1569.2(c). 6 This requirement is not met as 7 evidenced by:	1 Facility agrees to submit a statement of 2 understanding as well as conduct a 3 staff training to ensure staff understand 4 the caregiver expectations. Facility will 5 also submit a list of all staff who 6 attended the training by the POC due 7 date of 1/14/26. Facility requested an extension for 1/23/26.
	8 Based on documentation reviewed, the 9 facility did not ensure resident (R1) was 10 maintaining proper hydration, which 11 poses an immediate health, safety, and 12 personal rights risk to residents in care. 13 14	

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: Maribeth Senty

LICENSING EVALUATOR NAME: Angela Hood

LICENSING EVALUATOR SIGNATURE:

DATE: 01/13/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/13/2026

LIC9099 (FAS) - (06/04)

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**10/23/2025** and conducted by Evaluator Angela Hood

COMPLAINT CONTROL NUMBER: 59-AS-  
20251023095816

FACILITY NAME: BROOKDALE FOLSOM

FACILITY NUMBER: 347005467

ADMINISTRATOR: SHARI KRANIG

FACILITY TYPE: 740

**ADDRESS:** 780 HARRINGTON WAY **TELEPHONE:** (916) 983-9300  
**CITY:** FOLSOM **STATE:** CA **ZIP CODE:** 95630  
**CAPACITY:** 130 **CENSUS:** 87 **DATE:** 01/13/2026  
**MET WITH:** Shari Kranig, Executive Director **UNANNOUNCED TIME BEGAN:** 11:25 AM  
**TIME COMPLETED:** 05:25 PM

**ALLEGATION(S):**

- 1 -Staff did not immediately notify resident's authorized representative of incidents
- 2 -Staff are not meeting resident's dietary needs
- 3 -Staff did not ensure resident had privacy during visits
- 4 -Staff did not ensure dishes were cleaned and sanitized
- 5 -Staff did not ensure resident had access to a telephone
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**INVESTIGATION FINDINGS:**

1 Licensing Program Analyst (LPA) Angela Hood arrived at the care home today and met with the  
 2 Executive Director, Sheri Kranig, to deliver complaint investigation findings into the above stated  
 3 allegations.  
 4  
 5 During the course of the investigation, LPA conducted interviews and obtained documentation pertinent  
 6 to the investigation.  
 7 Allegation: Staff did not immediately notify resident's authorized representative of incidents  
 8 Resident (R1's) responsible party indicated that the facility was to contact them anytime R1 was not  
 9 feeling well, which was not done. R1's responsible party indicated that R1 was sent to the hospital in April  
 10 2025. According to Unusual Incident/Injury Report LIC624, R1 was sent to the hospital on April 18, 2025,  
 11 due to severe headache. LIC624 indicated that the facility contacted R1's responsible party. Facility staff  
 12 indicated that R1 only had one incident on April 18, 2025 and that R1's responsible party was notified.  
 13 \*\*\*\*\*Continued on LIC9099-  
 C\*\*\*\*\*

**Unsubstantiated**
**Estimated Days of Completion:**

**SUPERVISORS NAME:** Maribeth Senty  
**LICENSING EVALUATOR NAME:** Angela Hood  
**LICENSING EVALUATOR SIGNATURE:** **DATE:** 01/13/2026

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 LIC9099 (FAS) - (06/04) Page: 5 of 7  
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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
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**FACILITY NAME:** BROOKDALE FOLSOM **FACILITY NUMBER:** 347005467  
**VISIT DATE:** 01/13/2026

**NARRATIVE**

1 Allegation: Staff are not meeting resident's dietary needs  
 2 According to ED and staff (S1, S2, S3, and S4), the facility followed R1's special diet plan as directed by  
 3 their physician. R1's physician's orders indicated that they are on a low-carb diet and avoid sugary  
 4 snacks and juices. LPA observed that the kitchen has a board that they utilize to inform all kitchen staff  
 5 of what residents are on a special diet and the type of diet. Interviews with residents (R4 and R5)  
 6 indicated that the facility is following their special diets and they don't have any concerns.  
 7

8 Allegation: Staff did not ensure privacy during visits  
 9 Interview with ED indicated that there are several areas in the memory section as well as assisted living  
 10 that residents can have private visits with their visitors. LPA toured facility and observed all areas  
 11 available for private visits in memory care and assisted living. Interviews with R4 and R5 indicated that  
 12 there are no issues with having private visits at the facility.  
 13

14 Allegation: Staff did not ensure dishes were cleaned and sanitized  
15 Interviews with ED indicated that a cart goes to the kitchen from memory care to ensure dishes are  
16 sanitized. S1 indicated that clear clean cups are provided to residents for drinking. R4 and R5 indicated  
17 that all dishes provided to residents are clean. LPA toured the kitchen area and observed staff  
18 washing/sanitizing dishes. ED and S2 indicated that R1 had a personal water bottle provided by their  
19 responsible party, however, they typically don't utilize personal water bottles in memory care. ED and S2  
20 indicated that R1's personal water bottle was not dirty and was not being used. ED, S1, and S2  
21 indicated that they have self-serve water stations in both memory care and assisted living. They also  
22 indicated that residents are offered water from the stations or in disposable water bottles.  
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28 \*\*\*\*\*Continued on LIC9099-  
29 C\*\*\*\*\*

**SUPERVISORS NAME:** Maribeth Senty  
**LICENSING EVALUATOR NAME:** Angela Hood  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_ **DATE:** 01/13/2026

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<b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	<b>COMMUNITY CARE LICENSING DIVISION</b>
	<b>SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100</b>
	<b>SACRAMENTO, CA 95827</b>

**FACILITY NAME:** BROOKDALE FOLSOM **FACILITY NUMBER:** 347005467  
**VISIT DATE:** 01/13/2026

**NARRATIVE**

1 Allegation: Staff did not ensure resident had access to a telephone  
2 Interviews with R4 and R5 indicated that they have not needed to use the facility phone, but it is  
3 available, if needed. ED and S2 indicated that there were times when R1's responsible party would call  
4 to speak to R1, however, R1 would be dining, napping, or may not want to talk. ED and S2 indicated that  
5 they would inform R1's responsible party to call back. S2 indicated that majority of the time R1's  
6 responsible party would call R1 would speak to them. S2 indicated that they would always inform R1's  
7 responsible party if R1 was busy or didn't want to speak on the phone. ED and S2 indicated that they  
8 always have a phone available for residents.  
9  
10 Based on interviews conducted, documentation obtained, and observations made, although the  
11 allegations may have happened or are valid, there is not a preponderance of evidence to prove the  
12 alleged violations did or did not occur. Therefore, the allegations are UNSUBSTANTIATED. No  
13 deficiencies are being cited.  
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15 Exit interview conducted. A copy of the report was provided.  
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**SUPERVISORS NAME:** Maribeth Senty  
**LICENSING EVALUATOR NAME:** Angela Hood  
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