

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 347005467
Report Date: 08/27/2026
Date Signed: 08/27/2026 02:37:30 PM

Document Has Been Signed on 08/27/2026 02:37 PM - It Cannot Be Edited

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
FACILITY EVALUATION REPORT	

FACILITY NAME:	BROOKDALE FOLSOM	FACILITY NUMBER:	347005467
ADMINISTRATOR/SHARI KRANIG		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	780 HARRINGTON WAY	TELEPHONE:	(916) 983-9300
CITY:	FOLSOM	STATE: CA	ZIP CODE: 95630
CAPACITY: 130		CENSUS: 84	DATE: 08/27/2026
TYPE OF VISIT:	Case Management - Deficiencies	UNANNOUNCED TIME VISIT/INSPECTION	10:00 AM
MET WITH:	Shari Kranig, Executive Director	BEGAN: TIME VISIT/INSPECTION	10:30 AM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Angela Hood arrived at the care home today and met with the
2	
3	
4	Executive Director, Shari Kranig, to conduct a case management visit in relation to a separate inspection conducted on today's date, August 27, 2026.
5	
6	
7	LPA reviewed resident (R1's) documentation. R1 resided at the care home from September 2018-March 2026. The facility did not have documentation of R1's annual routine visit with a licensed medical professional. The facility had a physician's report LIC602A with an exam date of October 15, 2024, as well as three (3) fax confirmations indicating that they faxed R1's primary care physician attempting to obtain an updated LIC602A. However, the facility did not obtain an updated LIC602A or an after visit summary indicating that R1 was seen for their annual routine visit.
8	
9	
10	As a result of today's inspection, a deficiency is being cited pursuant to California Code of Regulations, Title 22, Division 6, Chapter 8. Deficiency is listed on 809-D pages. Exit interview was conducted. A copy of this report and appeal rights were provided.
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	

DATE: 08/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/27/2026

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

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically III, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

Created By: Angela Hood On 08/27/2026 at 09:18 AM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: BROOKDALE FOLSOM

FACILITY NUMBER: 347005467

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/27/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type B 09/10/2026 Section Cited CCR 87463(h)(1)	1	87463 Reappraisals (h) The licensee shall request that all residents receive an annual routine visit with a licensed medical professional once every twelve months, either in person or by video appointment. (1) Documentation of the annual routine visit, such as a visit summary, shall be added to the resident's record. This requirement is not met as evidenced by:	1	Facility agrees to submit a plan regarding how they will ensure all residents have documentation indicating they received an annual visit with a licensed medical professional. Facility shall submit the plan to LPA by the POC due date of 9/10/26.
	2		2	
	3		3	
	4		4	
	5		5	
	6		6	
	7		7	
	8	Based on records reviewed, the facility did not ensure resident (R1) had documentation on file indicating they had their annual routine visit with a licensed medical professional, which poses a potential health, safety, and personal rights risk to residents in care.	8	
	9		9	
	10		10	
	11		11	
	12		12	
	13		13	
	14		14	
	1		1	
	2		2	
	3		3	
	4		4	
	5		5	
	6		6	
	7		7	
	1		1	
	2		2	
	3		3	
	4		4	
	5		5	
	6		6	
	7		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.

NAME OF LICENSING PROGRAM MANAGER:	Laura Munoz
NAME OF LICENSING PROGRAM ANALYST:	Angela Hood

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/27/2026