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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 502701357
Report Date: 07/17/2026
Date Signed: 07/21/2026 12:19:05 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 **10/17/2025** and conducted by Evaluator Jason Lund

	COMPLAINT CONTROL NUMBER: 27-AS-20251017132419

FACILITY NAME:	ASPEN VILLE CO			**FACILITY NUMBER:**	502701357
ADMINISTRATOR:	KAUR, KASHMINDAR			**FACILITY TYPE:**	740
ADDRESS:	5412 KIERNAN AVENUE			**TELEPHONE:**	(646) 416-1430
CITY:	SALIDA	**STATE:** CA		**ZIP CODE:**	95368
CAPACITY:	32	**CENSUS:** 30		**DATE:**	07/17/2026
		UNANNOUNCED		**TIME BEGAN:**	12:15 PM
MET WITH:	Staff Carrie Wilson			**TIME COMPLETED:**	01:30 PM

ALLEGATION(S):

1	Staff sexually abused residents in care
2	Staff hit resident in care
3	Staff took inappropriate photos of residents in care
4	Staff live streamed videos footage of residents in care without consent
5	Staff refused to help resident in care
6	Staff sleep at the facility while on shift
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Jason Lund arrived unannounced to complete a complaint investigation
2	regarding the above allegations. LPA Lund met with Staff Carrie Wilson and explained the reason for the
3	visit. Census: 30
4	
5	Staff sexually abused residents in care- The Department of Social Services Community Care Licensing
6	investigated the allegation. Staff & residents in care were interviewed regarding the allegation. Based on
7	interviews with staff and residents in care no evidence of sexual abuse happened to residents in care.
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9	Based on interviews with staff, and residents in care, on the information provided, it was unclear if staff
10	sexually abused residents in care, therefore the allegation was deemed UNSUBSTANTIATED.
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Unsubstantiated	**Estimated Days of Completion: 30**

SUPERVISORS NAME: Lisa Rios
LICENSING EVALUATOR NAME: Jason Lund
LICENSING EVALUATOR SIGNATURE:
DATE: 07/17/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/17/2026

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

Control Number 27-AS-20251017132419

FACILITY NAME: ASPEN VILLE CO **FACILITY NUMBER:** 502701357
VISIT DATE: 07/17/2026

NARRATIVE

Staff hit resident in care- LPA Lund interviewed staff, and residents in care. Based on interviews with staff and residents in care. LPA Lund interviewed residents in care who stated that staff have never hit them and would notify staff if so. Staff interviewed stated that they have never seen staff hit a resident if so, would notify management immediately.

Based on interviews with staff and residents in care, on the information provided, it was unclear if staff hit resident in care, therefore the allegation was deemed UNSUBSTANTIATED.

Staff took inappropriate photos of residents in care- The Department of Social Services Community Care Licensing investigated the allegation. Staff & residents in care were interviewed regarding the allegation. Based on interviews with staff and residents in care there was no evidence of inappropriate photos of residents in care.

Based on interviews with staff, and residents in care, on the information provided, it was unclear if staff took inappropriate photos of residents in care, therefore the allegation was deemed UNSUBSTANTIATED.

Staff live streamed videos footage of residents in care without consent- LPA Lund reviewed facility records, interviews with staff, and residents in care. Based on reviewed facility records, interviews with staff, and residents in care. LPA Lund reviewed training on 10/15/2025, the use of personal phones on the work floor was not permitted. Residents interviewed stated that they have never been videoed by staff. Staff interviewed stated they have never seen any staff videoing any residents in care.

Based on reviewed facility records, interviews with staff, and residents in care, on the information provided, it was unclear if staff live streamed videos footage of residents in care without consent, therefore the allegation was deemed UNSUBSTANTIATED.

SUPERVISORS NAME: Lisa Rios
LICENSING EVALUATOR NAME: Jason Lund
LICENSING EVALUATOR SIGNATURE:
DATE: 07/17/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/17/2026

Control Number 27-AS-20251017132419

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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

NARRATIVE

Staff refused to help resident in care- LPA Lund interviewed staff, and residents in care. Based on interviews with staff, and residents in care. LPA Lund interviewed residents who stated that there needs are being met and staff have always helped them. Staff interviewed stated that they are here to help the residents in care and have never seen any staff refuse to help any residents in care if so would notify management immediately.

Based on interviews with staff and residents in care on the information provided, it was unclear if staff refused to help resident in care, therefore the allegation was deemed UNSUBSTANTIATED.

Staff sleep at the facility while on shift- LPA Lund interviewed staff and residents in care. Based on interviews with staff and residents in care. Residents interviewed stated that they have never seen any staff sleeping while at the facility. Staff interviewed stated that they have never seen staff sleeping on duty and would not notify management if seen.

Based on interviews with staff and residents in care, on the information provided, it was unclear if staff sleep at the facility while on shift, therefore the allegation was deemed UNSUBSTANTIATED.

As a result of this investigation, this Department finds the allegation to be UNSUBSTANTIATED. A complaint allegation finding of Unsubstantiated means that although the allegation may have happened or is valid, there is not a preponderance of the evidence to prove that the alleged violation occurred. Exit interview conducted and report left.

SUPERVISORS NAME: Lisa Rios
LICENSING EVALUATOR NAME: Jason Lund
LICENSING EVALUATOR SIGNATURE:
DATE: 07/17/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/17/2026