

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 502701357

Report Date: 10/01/2025

Date Signed: 10/02/2025 09:43:46 PM

Unsubstantiated

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	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/11/2025** and conducted by Evaluator Jason Lund

	COMPLAINT CONTROL NUMBER: 27-AS-20250611091416
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FACILITY NAME: ASPEN VILLE CO	FACILITY NUMBER: 502701357
ADMINISTRATOR: KAUR, KASHMINDAR	FACILITY TYPE: 740
ADDRESS: 5412 KIERNAN AVENUE	TELEPHONE: (646) 416-1430
CITY: SALIDA	ZIP CODE: 95368
CAPACITY: 32	DATE: 10/01/2025
MET WITH: Administrator Kaur Kashminder	UNANNOUNCED TIME BEGAN: 10:30 AM
	TIME COMPLETED: 03:00 PM

ALLEGATION(S):

1	Staff caused injury to resident in care
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3	Staff are not properly trained
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5	Staff did not ensure resident hygiene care needs were met
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Jason Lund arrived unannounced to complete a complaint investigation regarding the above allegations. LPA Lund met with Administrator Kaur Kashminder and explained the reason for the visit. Census: 30
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5	Staff caused injury to resident in care- 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 Hoyer lift for staff on 12/05/2024 and 9/30/2025 the training was done by Fresno Hospice. Residents who have the Hoyer lift stated that they have not been injured while using the Hoyer lift. Staff interviewed stated that they have been trained to use the Hoyer lift. Resident (R1) does have a catheter and home health changes the catheter.
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Unsubstantiated	Estimated Days of Completion: 90
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SUPERVISORS NAME: Lisa Rios
LICENSING EVALUATOR NAME: Jason Lund
LICENSING EVALUATOR SIGNATURE:

DATE: 10/01/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/01/2025

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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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: ASPEN VILLE CO

FACILITY NUMBER: 502701357

VISIT DATE: 10/01/2025

NARRATIVE

- 1 On 9/12/2025 the facility had a Staff meeting to go over directions on what staff can address with the
- 2 catheter for residents in care. Staff interviewed stated that they know that they can only empty the
- 3 catheter and that is it and would have to call the nurse if the catheter was to fall off and when the
- 4 residents cannot put it back on.
- 5 Based on reviewed facility records, interviews with staff, and residents in care, on the information
- 6 provided, it was unclear if staff caused injury to resident in care, therefore the allegation was deemed
- 7 UNSUBSTANTIATED.
- 8
- 9 Staff are not properly trained- LPA Lund reviewed facility records, interviewed staff, and residents in
- 10 care. Based on interviews with staff, residents in care, and facility records reviewed. LPA Lund reviewed
- 11 staff training on Hoyer lift for 12/5/2024 and 9/30/2025. The facility currently has three residents who use
- 12 the Hoyer lift who stated that staff to their knowledge know how to use the Hoyer lift properly and have
- 13 not been harmed using it. LPA Lund interviewed residents in care that have catheter and staff only
- 14 empty the catheter and call the proper agency if necessary. Staff interviewed stated that they have been
- 15 trained on how to use the Hoyer lift and only empty the catheter and call the proper agency if needed.
- 16
- 17 Based on interviews with staff, residents in care, and facility records reviewed, on the information
- 18 provided, it was unclear if staff are not properly trained, therefore the allegation was deemed
- 19 UNSUBSTANTIATED.
- 20
- 21 Staff did not ensure resident hygiene care needs were met- LPA Lund reviewed staff records, interviews
- 22 staff, and residents in care. Based on facility records reviewed, interviews with staff, and residents in
- 23 care. Facility records indicate that all residents have a shower schedule. Residents interviewed stated
- 24 that they get showers on a schedule and get their teeth brushed daily. Staff that residents in care get
- 25 showers on a schedule or as needed and make sure their teeth are brushed daily. LPA Lund reviewed
- 26 Resident's Activities of Daily Living (ADLS) from May 1, 2025 through June 30, 2025 and their ADLS
- 27 were getting completed.
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SUPERVISORS NAME: Lisa Rios
LICENSING EVALUATOR NAME: Jason Lund
LICENSING EVALUATOR SIGNATURE:

DATE: 10/01/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/01/2025

LIC9099 (FAS) - (06/04)

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Control Number 27-AS-20250611091416

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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

**COMPLAINT INVESTIGATION REPORT
(Cont)**

ROAD, SUITE 100
SACRAMENTO, CA 95827

FACILITY NAME: ASPEN VILLE CO

FACILITY NUMBER: 502701357

VISIT DATE: 10/01/2025

NARRATIVE

1 Based on facility records reviewed and interviews with staff, and residents in care, on the information
2 provided, it was unclear if staff did not ensure resident hygiene care needs were met, therefore the
3 allegation was deemed UNSUBSTANTIATED.
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5 As a result of this investigation, this Department finds the allegation to be UNSUBSTANTIATED. A
6 complaint allegation finding of Unsubstantiated means that although the allegation may have happened
7 or is valid, there is not a preponderance of the evidence to prove that the alleged violation occurred. Exit
8 interview conducted and report left.
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SUPERVISORS NAME: Lisa Rios

LICENSING EVALUATOR NAME: Jason Lund

LICENSING EVALUATOR SIGNATURE:

DATE: 10/01/2025

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