

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 107206939  
Report Date: NO Visit Data Available  
Date Signed: 02/04/2025 09:22:17 AM

**Unfounded**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1314 E SHAW AVE FRESNO, CA 93710
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on and conducted by Evaluator Katie Brown

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 24-AS-20250107095556</b>
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<b>FACILITY NAME:</b> KINGSTON BAY SENIOR LIVING	<b>FACILITY NUMBER:</b> 107206939
<b>ADMINISTRATOR:</b> ROBERT HUNTLEY	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 6161 W SPRUCE AVE	<b>TELEPHONE:</b> (559) 479-4700
<b>CITY:</b> FRESNO	<b>STATE:</b> CA
<b>CAPACITY:</b> 128	<b>ZIP CODE:</b> 93722
<b>MET WITH:</b> Becky Langdon	<b>DATE:</b> UNANNOUNCED
	<b>TIME BEGAN:</b>
	<b>TIME COMPLETED:</b>

**ALLEGATION(S):**

1	Staff does not ensure facility has adequate staffing to meet resident's needs
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Katie Brown arrived unannounced to conduct the initial complaint
2	investigation. LPA met with and explained the reason for the visit and the allegation with Interim
3	Administrator/Operations Specialist (AD) Becky Langdon.
4	
5	During this visit, LPA, AD and Wellness Assistant (WA) Francisco Tamayo met to review the staffing
6	calendar for January 2025. Timesheets were reviewed for all all care and medication staff that worked on
7	1/4/2025. Review of timesheets reveals that the facility provided full staff coverage for all shifts.
8	
9	This Agency has investigated the allegation listed above. We have found that the allegation is
10	UNFOUNDED, therefore we have dismissed the allegation.
11	
12	There were no citations issued. An exit interview was conducted and a copy of this report was left with
13	AD, whose signature confirms receipt of these documents.

<b>Unfounded</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Sergiy Pidgirny

**LICENSING EVALUATOR NAME:** Katie Brown

**LICENSING EVALUATOR SIGNATURE:**

**DATE:**

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:**

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