

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 011400514
Report Date: 09/18/2025
Date Signed: 09/18/2025 04:07:52 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION OAKLAND ASC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **09/10/2025** and conducted by Evaluator David Doidge

	COMPLAINT CONTROL NUMBER: 15-AS-20250910095203
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FACILITY NAME: PIEDMONT GARDENS #1	FACILITY NUMBER: 011400514
ADMINISTRATOR: WITTMAN, DANIEL	FACILITY TYPE: 741
ADDRESS: 110-41ST STREET	TELEPHONE: (510) 654-7172
CITY: OAKLAND	STATE: CA
CAPACITY: 321	ZIP CODE: 94611
	CENSUS: 247
	DATE: 09/18/2025
MET WITH: Zinnia Koch, Director of Wellness and Assisted Living	UNANNOUNCED TIME BEGAN: 10:15 AM
	TIME COMPLETED: 04:20 PM

ALLEGATION(S):

1	Staff did not provide medication assistance to resident in care
2	
3	Staff did not provide proper supervision to resident in care resulting in an injury
4	
5	Staff did not ensure that the resident's hygiene care needs are properly met
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On 09/18/2025 at 10:15 AM, Licensing Program Analysts (LPAs) David Doidge and Andrew Christy
2	arrived unannounced to deliver complaint findings for the allegations above. LPAs met with Zinnia Koch,
3	Director of Wellness and Assisted Living, and explained the reason for the visit.
4	
5	During the course of the investigation, LPAs conducted interviews with S1 and R1. LPAs also obtained
6	and reviewed the Appraisal Needs And Services reports (ANS), Physicians Reports (LIC602), incident
7	reports (LIC624), and Electronic Medication Administration Records (eMAR) for six (6) residents.
8	
9	Allegation: Staff did not provide medication assistance to resident in care.
10	
11	Investigation Finding: W1 reported that R1 is not receiving medication assistance from the facility staff.
12	Based on record review of LIC602 and ANS, R1, R2, R3, and R4 are able to manage their own
13	medications. eMAR and medications for R5 and R6 were reviewed and found to have no errors.
	Continued on LIC9099-C

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Bennett Fong
NAME OF LICENSING PROGRAM ANALYST: David Doidge
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/18/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/18/2025

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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Control Number 15-AS-20250910095203

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
OAKLAND ASC, 1515 CLAY STREET, STE. 310
OAKLAND, CA 94612

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: PIEDMONT GARDENS #1

FACILITY NUMBER: 011400514

VISIT DATE: 09/18/2025

NARRATIVE

1 Continued from LIC9099

2

3 S1 reported residents living in independent living are able to administer own medications. S1 also stated
4 that residents in assisted living and memory care receive assistance in medication management through
5 eMAR. Therefore this allegation is Unsubstantiated.

6

7 **Allegation:** Staff did not provide proper supervision to resident in care resulting in an injury

8

9 **Investigation Findings:** W1 reported to the department that resident fell in the room and needed to be
10 sent to the hospital and received stitches on his head. R1 stated that R1 had a fall and that staff
11 immediately responded and initiated care. Staff notified R1's responsible party as R1 declined to go to
12 emergency room (ER). Responsible party was able to take R1 to ER. S1 reported that R1 is in
13 independent living and therefore has different level of care, and staff only respond to R1's calls, but do
14 not constantly supervise R1. Therefore the allegation is unsubstantiated.

15

16 **Allegation:** Staff did not ensure that the resident's hygiene care needs are properly met.

17

18 **Investigation Findings:** W1 reported to the department that the staff are not washing the resident's hair
19 and are not cutting his nails. W1 also reports that R1's apartment cleanliness has been neglected. LPAs
20 interviewed R1 in R1's apartment. LPAs found apartment to be clean and well kept and odor free. R1
21 reports housekeeping visits every two weeks and has not refused services. R1 appeared well groomed,
22 and alert and oriented of R1's current living situation. Therefore the allegation is unsubstantiated.

23

24 Although the allegations may have happened or are valid, there is not a preponderance of evidence to
25 prove the alleged violations did occur, Therefore the allegations above are unsubstantiated.

26

27 No deficiencies cited during vsit.

28

29 Exit interview conducted and a copy of this report provided.

30

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NAME OF LICENSING PROGRAM MANAGER: Bennett Fong
NAME OF LICENSING PROGRAM ANALYST: David Doidge
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/18/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/18/2025