

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 015600118

Report Date: 07/15/2021

Date Signed: 07/15/2021 12:38:24 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612	
FACILITY EVALUATION REPORT			
FACILITY NAME: CARLTON PLAZA OF FREMONT		FACILITY NUMBER:	015600118
ADMINISTRATOR: BRICE, STEPHANIE		FACILITY TYPE:	740
ADDRESS: 3800 WALNUT AVENUE		TELEPHONE:	(510) 505-0555
CITY: FREMONT	STATE: CA	ZIP CODE:	94538
CAPACITY: 128	CENSUS:	DATE:	07/15/2021
TYPE OF VISIT: Case Management - Other	UNANNOUNCED	TIME BEGAN:	09:40 AM
MET WITH: Stephanie Brice, Executive Director		TIME COMPLETED:	12:45 PM
NARRATIVE			
1	On 7/15/2021 at 9:40AM, Licensing Program Analyst (LPA) L. Hall conducted an unannounced Case		
2	Management visit regarding an incident that was reported to CCLD on 7/8/2021. LPA met with		
3	Stephanie Brice, Executive Director (ED) and explained the purpose of the visit.		
4			
5	Incident report dated 7/8/2021 revealed that S3 handled R1 roughly and abusively. Facility notified law		
6	enforcement and R1's responsible party.		
7			
8	LPA interviewed two (2) staff, three (3) residents, obtained and reviewed documents provided which		
9	included physician's report, S3's statement, Fremont Police report number, appraisal needs and		
10	services, staff schedule and residents roster. During interviews S1 stated that S3 should have requested		
11	a 2nd caregiver to assist with R1. The three (3) residents stated that a couple of the staff handles them		
12	roughly but did not know the names of the staff.		
13			
14	Based on LPAs' interviews and record reviews, the preponderance of evidence standard has been met,		
15	therefore the above allegation is found to be SUBSTANTIATED . California Code of Regulations (Title		
16	22, Division 6, Chapter 8), are being cited on the attached LIC 9099D		
17			
18	Exit interview conducted. Appeal rights and a copy of this report provided.		
19			
20			
21			
22			
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Harpreet Humpal			
NAME OF LICENSING PROGRAM ANALYST: Laura Hall			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/15/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/15/2021

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

LIC809 (FAS) - (06/04)

Page: 1 of 2

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Created By: Laura Hall On 07/15/2021 at 12:13 PM

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

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

FACILITY NAME: CARLTON PLAZA OF FREMONT

FACILITY NUMBER: 015600118

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/15/2021

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Deficiency Dismissed Type B 07/22/2021 Section Cited	1 87468.1 Personal Rights of Residents 2 in All Facilities (a) Residents in all 3 residential care facilities...(3) To be 4 free from punishment...abuse, or 5 other actions... This requirement was 6 not met as evidence by: 7		
	8 Based on LPA's interviews licensee 9 did not comply with the section cited 10 above which poses a potential health 11 and safety risk to persons in care. 12 13 14	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		
	1 2 3 4 5 6 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.

SUPERVISOR'S NAME:

Harpreet Humpal

LICENSING EVALUATOR NAME:

Laura Hall

LICENSING EVALUATOR SIGNATURE:



DATE: 07/15/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/15/2021