

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 015601222  
Report Date: 09/04/2025  
Date Signed: 09/04/2025 03:28:40 PM

**Unfounded**

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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/27/2025** and conducted by Evaluator Gregory Clark

	<b>COMPLAINT CONTROL NUMBER: 15-AS-20250827150454</b>
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<b>FACILITY NAME:</b> CARDINAL POINT AT MARINER SQUARE	<b>FACILITY NUMBER:</b> 015601222
<b>ADMINISTRATOR:</b> GERALD VADNAIS	<b>FACILITY TYPE:</b> 741
<b>ADDRESS:</b> 2431 MARINER SQUARE DR	<b>TELEPHONE:</b> (510) 337-1033
<b>CITY:</b> ALAMEDA	<b>STATE:</b> CA
<b>CAPACITY:</b> 153	<b>ZIP CODE:</b> 94501
<b>MET WITH:</b> Gloria Wohlfarth, Business Office Director	<b>DATE:</b> 09/04/2025
	<b>UNANNOUNCED TIME BEGAN:</b> 03:15 PM
	<b>TIME COMPLETED:</b> 03:30 PM

**ALLEGATION(S):**

1	Staff are not Criminally Record Cleared
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**INVESTIGATION FINDINGS:**

1	On 9/04/25 at 3:15 PM, Licensing Program Analyst (LPA) Greg Clark arrived unannounced to conduct an
2	initial 10-day complaint investigation and deliver findings in regard to the allegation above. LPA met with
3	Gloria Wohlfarth, Business Office Director Administrator, informed her the reason for visit.
4	
5	During the visit LPA received the staff roster. S1 was identified and is fingerprint cleared per the facility's
6	Guardian staff roster.
7	
8	This agency has investigated the above complaint. We have found that the complaint was
9	UNFOUNDED, meaning that the allegation was false, could not have happened and/or is without a
10	reasonable basis.
11	
12	Exit interview conducted, a copy of this report provided.
13	

**Unfounded**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Yvonne Flores-Larios

**NAME OF LICENSING PROGRAM ANALYST:** Gregory Clark

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 09/04/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 09/04/2025

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