

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 015601241

Report Date: 01/08/2026

Date Signed: 02/03/2026 02:19:36 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 **12/31/2025** and conducted by Evaluator David Doidge

	COMPLAINT CONTROL NUMBER: 15-AS-20251231081112
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FACILITY NAME: DIMOND CARE	FACILITY NUMBER: 015601241
ADMINISTRATOR: BLAIN, JOHN F.	FACILITY TYPE: 740
ADDRESS: 3003 FRUITVALE AVENUE	TELEPHONE: (510) 436-0823
CITY: OAKLAND	STATE: CA
CAPACITY: 30	ZIP CODE: 94602
MET WITH: Administrator Helen Blain	CENSUS: 01/08/2026
	UNANNOUNCED TIME BEGAN: 10:30 AM
	TIME COMPLETED: 12:20 PM

ALLEGATION(S):

1	Licensee is retaining a resident who is mentally incapable of caring for their
2	catheter
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INVESTIGATION FINDINGS:

1	*THIS IS AN AMENDMENT OF REPORT DATED 01/08/2026*
2	On 02/03/2026 at 10:30 AM, Licensing Program Analyst (LPA) David Doidge arrived unannounced to
3	conduct an initial 10-day complaint investigation and to deliver findings in regards to the allegation above.
4	LPA met with Administrator Assistant Sarah Chu and explained the purpose of the visit.
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6	During the course of the investigation, LPA obtained copies of R1's Physician's Report, Appraisal Needs
7	and Services Plan and discharge packet, and R1's Care Plan. LPA also reviewed and obtained staff
8	training and information on the trainer,
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10	Allegations: Licensee is retaining a resident who is mentally incapable of caring for their catheter
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12	Continued on LIC9099-C
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Bennett Fong

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/03/2026

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

Control Number 15-AS-20251231081112

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 (Cont)

FACILITY NAME: DIMOND CARE

FACILITY NUMBER: 015601241

VISIT DATE: 01/08/2026

NARRATIVE

1 Continued from LIC 9099

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3 **Investigation Findings:** It was reported to the department that the facility is retaining a resident who is
4 mentally incapable of caring for their catheter. LPA toured the facility and found only one resident with a
5 catheter. Record review of R1 showed R1 requires assistance with all Activities of Daily Living (ADLs).
6 LPA reviewed R1's Care Plan that shows that Center for Elderly Independence Program of All-Inclusive
7 Care for the Elderly (CEI PACE) providers are responsible for all medical care of the catheter via CEI
8 Home Care Nurses, visits to the CEI Clinic, or Emergency Room (ER). The CEI nurse comes every six
9 weeks to change out R1's catheter. If CEI is unavailable, staff will take R1 to the emergency room if it
10 needs to be replaced. LPA called CEI and spoke with W1, a register nurse, that confirmed W1 trained
11 the facility staff in the care of R1's catheter and is one of two nurses that will come out to the facility
12 every six weeks to change out R1's catheter. Staff in the facility only empty out the bag when it gets full.
13 LPA obtained training records that show six staff members were trained by a registered nurse from CEI,
14 W1, in how to handle and care for the catheter. Staff members are scheduled in a manner that ensures
15 coverage by both the facility staff and CEI's nurses for R1's catheter. Based on the information obtained,
16 observation and interviews, this allegation is unsubstantiated.

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18 A finding that the complaint is unsubstantiated means that although the allegation may have happened
19 or is valid, there is not a preponderance of the evidence to prove that the alleged violation occurred.

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21 No deficiencies cited during the visit.

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

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SUPERVISORS NAME: Bennett Fong

LICENSING EVALUATOR NAME: David Doidge

LICENSING EVALUATOR SIGNATURE:

DATE: 02/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/03/2026