

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 015601302

Report Date: 05/22/2025

Date Signed: 06/18/2025 01:29:36 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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/16/2025** and conducted by Evaluator Kelly Nguyen

	COMPLAINT CONTROL NUMBER: 15-AS-20250516101416
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FACILITY NAME: ACACIA CREEK - UNION CITY	FACILITY NUMBER: 015601302
ADMINISTRATOR: CHUCK MAJOR	FACILITY TYPE: 741
ADDRESS: 34400 MISSION BLVD.	TELEPHONE: (510) 441-3700
CITY: UNION CITY	ZIP CODE: 94587
CAPACITY: 376	DATE: 05/22/2025
	UNANNOUNCED TIME BEGAN: 10:00 AM
MET WITH: Viarmina Paje-Forsythe (Mina), Wellness Manager	TIME COMPLETED: 12:50 PM

ALLEGATION(S):

1	Staff are keeping resident against their will.
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INVESTIGATION FINDINGS:

1	*****THIS IS AN AMENDED REPORT FROM VISIT 05/22/2025*****
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3	On 05/22/2025 at around 10:00 am, Licensing Program Analyst (LPA) K. Nguyen arrived unannounced to
4	conduct a complaint visit. LPA met with Wellness Manager, Viarmina Paje-Forsythe (Mina), and
5	explained the purpose of the visit. LPA received via text from Executive Director Sandra Simon, for Mina
6	to sign the report.
7	
8	Allegation: Staff are keeping resident against their will - UNFOUNDED
9	
10	During the course of the investigation, LPA K. Nguyen reviewed the resident roster from 2017- May 22,
11	2025. LPA conducted an interview with S1, S1 stated R1 never resided at the facility. A review of rosters
12	reveals that the individuals involved in the incident are not residing at this facility; therefore, the above
13	allegation is unfounded. A finding that the complaint is unfounded means that the allegation is false, could not have happened, and/or is without a reasonable basis.

No deficiency observed or cited during this visit. An exit interview was conducted, and a copy of this report was provided.

Unfounded

Estimated Days of Completion:

SUPERVISORS NAME: Bennett Fong

LICENSING EVALUATOR NAME: Kelly Nguyen

LICENSING EVALUATOR SIGNATURE:

DATE: 05/22/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/22/2025

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