

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 015601394
Report Date: 09/25/2025
Date Signed: 09/25/2025 02:00:26 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 **09/18/2025** and conducted by Evaluator Gregory Clark

	COMPLAINT CONTROL NUMBER: 15-AS-20250918144840
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FACILITY NAME: SAN LEANDRO SENIOR LIVING	FACILITY NUMBER: 015601394
ADMINISTRATOR: BERTUCCI, GLENDA T	FACILITY TYPE: 740
ADDRESS: 348 W JUANA AVE	TELEPHONE: (510) 357-1691
CITY: SAN LEANDRO	STATE: CA
CAPACITY: 90	ZIP CODE: 94577
	CENSUS: 57
	DATE: 09/25/2025
MET WITH: Glenda Bertucci, Executive Director	UNANNOUNCED TIME BEGAN: 01:30 PM
	TIME COMPLETED: 02:15 PM

ALLEGATION(S):

1	Staff did not provide resident with required notice of fee increase
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On 9/25/25 at 1:30 p.m., Licensing Program Analyst (LPA) Greg Clark and Ardalan Gharachorloo arrived
2	unannounced to conduct an initial 10-day complaint investigation and deliver findings in regard to the
3	allegations above. LPA met with Glenda Bertucci, Executive Director and explained the purpose of the
4	visit.
5	
6	During the course of the investation LPAs interviewed S1 and S2 and reviewed the rate increase letter
7	given to R1. LPAs were unable to interview R1 as she was not in the facility. LPA left his business card
8	for R1 to call or email to discuss the complaint.
9	
10	Review of the letter sent to to R1 revealed the letter meets regulation.
11	
12	This agency has investigated the above complaint. We have found that the complaint was
13	UNFOUNDED, meaning that the allegation was false, could not have happened and/or is without a reasonable basis.

Exit interview conducted, a copy of this report provided.

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: 09/25/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/25/2025

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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