

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 015601394
Report Date: 04/16/2026
Date Signed: 04/16/2026 04:44:10 PM

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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	
FACILITY EVALUATION REPORT			
FACILITY NAME: SAN LEANDRO SENIOR LIVING		FACILITY NUMBER:	015601394
ADMINISTRATOR/BERTUCCI, GLENDA T DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	348 W JUANA AVE	TELEPHONE:	(510) 357-1691
CITY:	SAN LEANDRO	STATE: CA	ZIP CODE: 94577
CAPACITY: 90	CENSUS: 62	DATE:	04/16/2026
TYPE OF VISIT: Case Management - Incident	UNANNOUNCED	TIME VISIT/INSPECTION	11:00 AM
MET WITH: Glenda Bertucci, Executive Director		BEGAN: TIME VISIT/INSPECTION	05:10 PM
		COMPLETED:	

NARRATIVE	
1	On 4/16/2026 at 11:00 am, Licensing Program Analyst (LPA) Y. Brown conducted an unannounced case
2	management visit regarding two self reported incidents that were reported to CCLD on 4/7/2026 and
3	4/10/2026. LPA met with Executive Director Glenda Bertucci and explained the purpose of the visit.
4	
5	The first incident report stated that on 3/29/2026 around 9:00 am, Staff two (S2) was preparing resident
6	(R1's) medication when S2 observed that the expiration date on the medication bottle indicated that it
7	expired on 3/5/2026. The incident report indicated that R1 was given expired medication of Amlodipine
8	2.5 mg from 3/5/2026- 3/29/2026. On 3/29/2026, S2 noticed the expired medication and notified S3 to
9	verify the expired medication and S3 re-confirmed that the medication was expired. R1's order is
10	Amlodipine 2.5 mg: take 1 tablet by mouth 2x daily at 9:00 am. Physician and POA were notified of the
11	incident. R1 was not resulted injury or medical problem due to this incident. In-service training was
12	provided to staff on 3/30/2026.
13	
14	The second incident report stated that on 4/3/2026 around 10:00 am, S1 was reviewing R1's Centrally
15	Stored Medication and Destruction Record and observed that there was a discrepancy with medication
16	dosage of R1's medication of Amlodipine 2.5 mg. S1 observed that R1 was given the Amlodipine 2.5mg
17	but staff only gave R1 1 tablet per day due to the previous physicians order dated on 9/10/2025 that
18	indicated to give R1 Amlodipine 2.5mg 1 tablet by mouth daily. When S1 was reviewing R1's documents
19	S1 realized that the medication dosage was changed to Amlodipine 2.5mg: take 1 tab daily by mouth
20	two times a day on the physicians order dated 12/29/2025 that was received from the Skilled Nursing
21	facility when R1 returned back to the facility.
22	
23	Continued on LIC809C.
24	
25	

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/16/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/16/2026

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

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: SAN LEANDRO SENIOR LIVING

FACILITY NUMBER: 015601394
VISIT DATE: 04/16/2026

NARRATIVE	
1	Continued from LIC809.
2	
3	S1 stated that R1 was given 1 tablet of Amlodipine 2.5 mg daily as opposed to 1 tablet two times a day
4	from 12/29/2025 to 4/3/2026. S1 stated that R1 was sent out to the hospital on 11/21/2026 and was later
5	admitted to a Skilled Nursing Facility from 11/26/2025 - 12/29/2025. S1 stated that the Skilled Nursing
6	Facility changed the dosage amount on 12/8/2026 while R1 was still attending the Skilled Nursing
7	Facility. Physician and POA were notified of the incident. R1 did not result in injury or obtain ill side
8	effects due to this incident. In-service training was provided to staff on 4/3/2026.
9	
10	S1 acknowledged that both the under dosage and the expired medication was overlooked by staff. LPA
11	interviewed S1 and S2. LPA attempted to interview S3. LPA reviewed and obtained R1's MAR
12	(Medication Administration Record) from September 2025 - April 2026, updated Needs and Services
13	Plan, Alert Charting report, Prescriber notification medication error report regarding Wrong Time and
14	Wrong Dose, Physicians Order dated 9/10/2025, and Order Summary Report (Change of dosage) dated
15	12/29/2025. LPA also reviewed and obtained the Med Tech to Med Tech Communication Log, LIC500
16	(personnel Report), Resident Roster, and staff training.
17	
18	The following deficiencies were observed (see LIC 809D) and cited from the California Code of
19	Regulations, Title 22. Failure to correct the deficiencies and/or repeat deficiencies within a 12-month
20	period may result in civil penalty.
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22	Exit interview conducted with Glenda. Appeal Rights and a copy of this report provided.
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NAME OF LICENSING PROGRAM MANAGER: Harpreet Humpal	
NAME OF LICENSING PROGRAM ANALYST: Yasamin Brown	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 04/16/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/16/2026

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FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** SAN LEANDRO SENIOR LIVING**FACILITY NUMBER:** 015601394**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 04/16/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 04/17/2026 Section Cited CCR 87465(d)	1 87465 Incidental Medical and Dental 2 Care (d) If the resident is unable to 3 determine his/her own need for a 4 prescription or nonprescription PRN 5 medication... assist the resident with 6 self-administration.. 7 This requirement is not met as 8 evidenced by:	1 The Executive Director(ED) conducted 2 staff training on Wrong Doses and 3 Adverse Reactions on 4/3/2026. ED 4 updated R1's Needs and Services Plan, 5 and created a separate system for 6 when the facility receives physician 7 orders regarding resident medication 8 changes. 9 10 11 12 13 14 DEFICIENCY CLEARED DURING VISIT.
	8 Based on Interview and record review, 9 the licensee did not comply with the 10 section cited above in administering the 11 incorrect dosage of medication to R1 12 which poses an immediate health and 13 safety risk to persons in care. 14	
Type A 04/17/2026 Section Cited CCR87465(h)(1)(3)	1 (h) The following requirements shall 2 apply to medications which are centrally 3 stored (1)Medications shall be centrally 4 stored..(3) Each container shall carry all 5 of the information.. (E) below plus 6 expiration date and number of refills. 7 This requirement is not met as 8 evidenced by:	1 The Executive Director(ED) conducted 2 staff training on Medication Errors and 3 Adverse Reactions on 3/30/2026. ED 4 updated R1's Needs and Services Plan, 5 and utilized a system online called ADL 6 Advantage for Med Tech's to utilize 7 when reviewing medications. 8 9 10 11 12 13 14 DEFICIENCY CLEARED DURING VISIT.
	8 Based on Interview and record review, 9 the licensee did not comply with the 10 section cited above in administering 11 expired medication to R1 which poses 12 an immediate health and safety risk to 13 persons in care. 14	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM		Harpreet Humpal
MANAGER:		
NAME OF LICENSING PROGRAM		Yasamin Brown
ANALYST:		
LICENSING PROGRAM ANALYST SIGNATURE:		
		DATE: 04/16/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		
		DATE: 04/16/2026