

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 015601408
Report Date: 04/23/2026
Date Signed: 04/23/2026 04:22:55 PM

Unsubstantiated

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 02/23/2026 and conducted by Evaluator Laura Hall

	COMPLAINT CONTROL NUMBER: 15-AS-20260223165309
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FACILITY NAME: LAKESHORE RESIDENTIAL CARE	FACILITY NUMBER: 015601408
ADMINISTRATOR: SYED, GAFFAR	FACILITY TYPE: 740
ADDRESS: 1901 THIRD AVENUE	TELEPHONE: (510) 834-9880
CITY: OAKLAND	ZIP CODE: 94606
CAPACITY: 38	DATE: 04/23/2026
	UNANNOUNCED TIME BEGAN: 01:45 PM
MET WITH: Gaffar Syed, Administrator	TIME COMPLETED: 04:35 PM

ALLEGATION(S):

1	Resident fell and sustained broken ribs from staff neglect
2	
3	Facility did not address bed bug issues.
4	
5	Facility mismanaged resident's medications.
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On 4/23/2026 at 1:45pm, Licensing Program Analyst (LPA), L. Hall arrived unannounced to continue the
2	complaint investigation and deliver complaint findings for the allegations above. LPA met with Gaffar
3	Syed, Administrator and explained the reason for the visit.
4	
5	During the course of the investigation the Department conducted interviews with staff (S1, S2, S3, and
6	S4), witnesses, obtained and reviewed records.
7	
8	Allegation: Resident fell and sustained broken ribs from staff neglect
9	
10	During initial interview W1 reported fall was possibly caused by another resident and/or care neglect from
11	the facility. S1 stated he was not at the
12	
13	Continued on LIC9099C.

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Harpreet Humpal LICENSING EVALUATOR NAME: Laura Hall LICENSING EVALUATOR SIGNATURE:		DATE: 04/23/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 04/23/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 1 of 3
Control Number 15-AS-20260223165309

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: LAKESHORE RESIDENTIAL CARE	FACILITY NUMBER: 015601408
	VISIT DATE: 04/23/2026

NARRATIVE	
1	Continued from LIC9099.
2	
3	facility at the time of the incident, however, he received a call from S3. S3 stated during interview that
4	she did not witness the fall, but was called to come assist when it occurred. S3 observed R1 down on
5	the floor near the piano. S4 stated she witnessed R1 fall and hit either her back or side on the corner of
6	the table. Both (S3 and S4), stated R1 was placed in a chair, R1 stated she was in pain, and 9-1-1 was
7	called. S2 stated during interview that R1 had not fallen before. R1 could not be interviewed due to the
8	diagnosis. LPA reviewed R1's physician report dated 5/29/2025, which indicated R1 did not have any
9	motor impairment and was ambulatory.
10	
11	Allegation: Facility did not address bed bug issues.
12	
13	During interview it was reported by W2 that R1's room had bed bugs in 2024 and R1 was moved to
14	another room. W1 stated during interview that the facility took care of "that issue" and the allegation
15	should not be addressed. S2 stated there is no bed bugs at the facility. LPA reviewed complaints and
16	case management visits back to 2023 and did not observe any case of bed bugs. As of today's date the
17	facility do not have a bed bug issue.
18	
19	Allegation: Facility mismanaged resident's medications.
20	
21	During interview W2 reported when R1 first moved to the facility she was active until the additional
22	medication was given. W1 stated the medication was documented each time R1 was given medication
23	and doesn't feel it was mismanaged. LPA reviewed the medication administration record (MAR) for
24	January and February 2026, and observed each day R1 was at the facility it
25	
26	
27	Continued on LIC9099C.
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LIC9099 (FAS) - (06/04) Page: 2 of 3
Control Number 15-AS-20260223165309

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**COMPLAINT INVESTIGATION REPORT
(Cont)**

310
OAKLAND, CA 94612

FACILITY NAME: LAKESHORE RESIDENTIAL CARE

FACILITY NUMBER: 015601408

VISIT DATE: 04/23/2026

NARRATIVE

1 Continued from LIC9099C.
2
3 was documented the medication was given as directed. S2 stated she administers the medication. S2
4 recalled sometimes R1 would refuse medication, S2 would wait for a little while and go back, and R1
5 would take the medication.
6
7 Based upon the information obtained and the interviews conducted during the investigation, the above
8 allegations are unsubstantiated. A finding that the complaint is **UNSUBSTANTIATED** means that
9 although the allegations may have happened or is valid, there is not a preponderance of the evidence to
10 prove that the alleged violations occurred.
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12 Exit interview conducted and a copy of this report provided.
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LICENSING EVALUATOR NAME: Laura Hall
LICENSING EVALUATOR SIGNATURE:

DATE: 04/23/2026

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