

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 157209417
Report Date: 08/04/2026
Date Signed: 08/04/2026 12:34:50 PM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION FRESNO RO, 1314 E SHAW AVE FRESNO, CA 93710
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **04/08/2026** and conducted by Evaluator Jimmy Duarte

	COMPLAINT CONTROL NUMBER: 24-AS-20260408103446
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FACILITY NAME:	REAL CARE LLC	FACILITY NUMBER:	157209417
ADMINISTRATOR:	PELAYA, JESSICA	FACILITY TYPE:	740
ADDRESS:	818 REAL RD	TELEPHONE:	(661) 760-7610
CITY:	BAKERSFIELD	STATE:	CA
CAPACITY:	300	ZIP CODE:	93309
		CENSUS:	DATE:
		UNANNOUNCED	08/04/2026
MET WITH:	Licensee Benjamin Donel	TIME BEGAN:	12:16 PM
		TIME COMPLETED:	12:45 PM

ALLEGATION(S):

1	Staff falsified medication records.
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INVESTIGATION FINDINGS:

1	On 08/04/2026, Licensing Program Analyst (LPA) J. Duarte and Licensing Program Analyst A. Walton met with Licensee Benjamin Donel and delivered findings.
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4	During the course of investigation, LPA reviewed medication for R1. LPA reviewed the acetaminophen medication for the afternoon and four out of the five pills in the bubble pack should have been dispensed.
5	The MARs was signed to show medication was administered; however, the medication remained in the bubble pack. Staff did not have documentation to indicate or state a reason why the medication was not dispensed to R1. The MARs for R1 also indicated that on 04/06/2026, R1 refused medication with reason being that R1 was asleep. Staff interviews revealed R1 was asleep during the medication pass and staff did not want to wake up R1, so a refusal was indicated in the MARs log. However, per the administrator, the facility policy is to attempt to wake up residents and make three attempts to administer medication if a resident refuses medication
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	Based on interviews and documentation, the preponderance of evidence standard has been met; therefore, the allegation is SUBSTANTIATED.
	A deficiency is being cited in accordance with California Code of Regulations, Title 22, Division 6, chapter

8, on the attached 9099D.

An exit interview was conducted. A copy of this report was discussed and provided Licensee Benjamin Donel, whose signature on this form confirms receipt of this document. A plan of correction was developed and a copy of this report and appeal rights were provided.

Substantiated

Estimated Days of Completion:

SUPERVISORS NAME: Alexandria Walton

LICENSING EVALUATOR NAME: Jimmy Duarte

LICENSING EVALUATOR SIGNATURE:

DATE: 08/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/04/2026

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 2

Control Number 24-AS-20260408103446

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
FRESNO RO, 1314 E SHAW AVE
FRESNO, CA 93710

FACILITY NAME: REAL CARE LLC

FACILITY NUMBER: 157209417

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/04/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 08/19/2026 Section Cited CCR 87465(a)(4)	87465 Incidental Medical and Dental Care 1 (a) A plan for incidental medical and 2 dental care shall be developed by each 3 facility. The plan shall encourage 4 routine medical and dental care and 5 provide for assistance in obtaining such 6 care, by compliance with the following: 7 (4) The licensee shall assist residents with self-administered medications as needed	Licensee agrees to review section 87465 and train staff on the requirements of section 87465. 1 Licensee will submit a copy of training 2 topics and attendance to the Fresno 3 CCL office by the POC due date. 4 5 6 7
	This requirement was no met as evidenced by: LPA reviewed the acetaminophen medication for the afternoon and four out of the five pills in the bubble pack should have been dispensed. The MARs was signed to show medication was administered; 8 however, the medication remained in 9 the bubble pack. Staff did not have 10 documentation to indicate or state a 11 reason why the medication was not 12 dispensed to R1. The MARs for R1 also 13 indicated that on 04/06/2026, R1 14 refused medication reason being is that R1 was asleep. Staff interviews revealed R1 was asleep during the medication pass and staff did not want to wake up R1, so a refusal was indicated in the MARs log, which poses a potential health and safety risk to persons in care.	8 9 10 11 12 13 14
	1 2 3 4	1 2 3 4

	5 6 7		5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

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

SUPERVISOR'S NAME: Alexandria Walton	
LICENSING EVALUATOR NAME: Jimmy Duarte	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/04/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/04/2026