

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 157209417  
Report Date: 11/07/2025  
Date Signed: 11/07/2025 12:39:35 PM

### Unsubstantiated

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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/24/2025** and conducted by Evaluator Jimmy Duarte

	<b>COMPLAINT CONTROL NUMBER: 24-AS-20251024095250</b>
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<b>FACILITY NAME:</b> REAL CARE LLC	<b>FACILITY NUMBER:</b> 157209417
<b>ADMINISTRATOR:</b> PELAYA, JESSICA	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 818 REAL RD	<b>TELEPHONE:</b> (661) 760-7610
<b>CITY:</b> BAKERSFIELD	<b>STATE:</b> CA
<b>CAPACITY:</b> 300	<b>ZIP CODE:</b> 93309
<b>MET WITH:</b> Jessica Pelaya	<b>CENSUS:</b> 28
	<b>DATE:</b> 11/07/2025
	<b>UNANNOUNCED TIME BEGAN:</b> 12:20 PM
	<b>TIME COMPLETED:</b> 01:00 PM

#### ALLEGATION(S):

1	Facility did not assist resident with medical needs prior to leaving community.
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3	Resident's bedroom is not clean.
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#### INVESTIGATION FINDINGS:

1	On 11/07/2025, Licensing Program Analysts (LPA) J. Duarte arrived at the facility unannounced to
2	continue the investigation and deliver findings on the above allegations. LPA was greeted by
3	Administrator (AD) Jessica Pelaya and LPA explained the reason for today's visit.
4	
5	Based on observation and interviews, although the allegations may have happened, there is not a
6	preponderance of evidence to prove that the alleged violations occurred; therefore, the allegations are
7	unsubstantiated.
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9	An exit interview was conducted, and a copy of this report was left with the administrator.
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<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Serigy Pidgirny

**LICENSING EVALUATOR NAME:** Jimmy Duarte

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 11/07/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/07/2025

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