

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 019200464
Report Date: 12/30/2025
Date Signed: 12/30/2025 01:25:07 PM

Substantiated

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 12/11/2025 and conducted by Evaluator Ardalan Gharachorloo

	COMPLAINT CONTROL NUMBER: 15-AS-20251211133328
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FACILITY NAME:	J & C CARE CENTER LLC	FACILITY NUMBER:	019200464
ADMINISTRATOR:	CHING, JESSICA	FACILITY TYPE:	740
ADDRESS:	4240 REDDING STREET	TELEPHONE:	(510) 482-0108
CITY:	OAKLAND	STATE:	CA
CAPACITY:	25	ZIP CODE:	94619
		CENSUS:	16
		DATE:	12/30/2025
		UNANNOUNCED TIME BEGAN:	01:15 PM
MET WITH:	Ho Fung, Administrator	TIME COMPLETED:	03:35 PM

ALLEGATION(S):

1	Licensee did not maintain adequate emergency supplies as required
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On 12/30/2025 at 1:20 PM, Licensing Program Analyst (LPA) Ardalan Gharachorloo arrived
2	unannounced to deliver findings in regard to the allegation above. LPA met with Administrator Ho Fung
3	and explained the purpose of the visit.
4	
5	During the course of the investigation, the LPA toured the facility and confirmed that W1 had previously
6	visited the facility . W1 stated that at the time of that visit, the facility did not have an emergency water
7	supply available for residents. During the LPA's visit, S1 was interviewed and stated that after W1's visit,
8	the facility purchased and obtained an emergency water supply.
9	
10	Based on LPAs observations and interviews, the preponderance of evidence standard has been met,
11	therefore the above allegation is found to be SUBSTANTIATED. Health and Safety code section
12	1569.695(a)(2) is being cited on the attached LIC 9099D.
13	
	Exit interview conducted, a copy of this report and appeal rights provided.

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Yvonne Flores-Larios

LICENSING EVALUATOR NAME: Ardalan Gharachorloo

LICENSING EVALUATOR SIGNATURE:

DATE: 12/30/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/30/2025

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 15-AS-20251211133328

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT
(Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
OAKLAND ASC, 1515 CLAY STREET, STE. 310
OAKLAND, CA 94612

FACILITY NAME: J & C CARE CENTER LLC **FACILITY NUMBER:** 019200464
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 12/30/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type B 12/31/2025 Section Cited HSC 1569.695(a)(2)	1	(2) Plans for the facility to be self-reliant for a period of not less than 72 hours	1	Licensee shall submit proof of the required emergency water supply to the LPA by POC due date.
	2	immediately following any emergency	2	
	3	or disaster, including, but not limited	3	
	4	to,... and one or more utilities, including	4	
	5	water, sewer, gas, or electricity, is	5	
	6	notavailable, the facility shall have a	6	
	7	plan and supplies available to provide alternative resources during an outage.	7	
	8	based on observations and	8	
	9	interviews,the licensee did not comply	9	
	10	with the section cited above which	10	
	11	poses a pontential health and safety	11	
	12	risk to residents.	12	
	13		13	
	14		14	
	1		1	
	2		2	
	3		3	
	4		4	
	5		5	
	6		6	
	7		7	
	1		1	
	2		2	
	3		3	
	4		4	
	5		5	
	6		6	
	7		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.

SUPERVISORS NAME: Yvonne Flores-Larios

LICENSING EVALUATOR NAME: Ardalan Gharachorloo

LICENSING EVALUATOR SIGNATURE:

DATE: 12/30/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/30/2025