

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 019200474
Report Date: 04/29/2026
Date Signed: 04/29/2026 02:35:28 PM

Unsubstantiated

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 **06/13/2025** and conducted by Evaluator Ardalan Gharachorloo

	COMPLAINT CONTROL NUMBER: 15-AS-20250613083758
--	--

FACILITY NAME:	STONERIDGE CREEK PLEASANTON	FACILITY NUMBER:	019200474
ADMINISTRATOR:	EZEKIEL GRIFFIN	FACILITY TYPE:	741
ADDRESS:	3300 STONERIDGE CREEK WAY	TELEPHONE:	(925) 201-4000
CITY:	PLEASANTON	STATE:	CA
CAPACITY:	828	ZIP CODE:	94588
		CENSUS:	775
		DATE:	04/29/2026
		UNANNOUNCED TIME BEGAN:	12:50 PM
MET WITH:	Anna Molz, Administrative Services Manager	TIME COMPLETED:	03:10 PM

ALLEGATION(S):

1	Licensee assessed an unauthorized charge to resident's billing statement
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On 04/29/2026 at 12:50 PM, Licensing Program Analyst (LPA) Ardalan Gharachorloo arrived
2	unannounced to deliver findings in regard to the allegation above. LPA met with Administrative Services
3	Manager , Anna Molz and and explained the purpose of the visit.
4	
5	On June 13th, 2025, the Department received a complaint alleging that the licensee assessed an
6	unauthorized charge to billing statement. The complaint alleges that a resident (R1) was charged for a
7	cracked glass stove-top that they stated they did not break and claimed that the cleaning staff cracked
8	the stovetop following a deep cleaning completed on April 25, 2025. Throughout the course of the
9	investigation the Department conducted interviews with R1 and facility staff and reviewed documentation
10	relevant to the complaint.
11	
12	***CONTINUE ON 9099C***
13	

Unsubstantiated	Estimated Days of Completion:
-----------------	-------------------------------

SUPERVISORS NAME: Yvonne Flores-Larios
--

LICENSING EVALUATOR NAME: Ardalan Gharachorloo	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/29/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/29/2026

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 15-AS-20250613083758

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 (Cont)	

FACILITY NAME: STONERIDGE CREEK PLEASANTON	FACILITY NUMBER: 019200474
	VISIT DATE: 04/29/2026

NARRATIVE	
1	***CONTINUE FROM 9099***
2	
3	
4	Based on interviews and the review of documents and information provided, the deep cleaning was
5	performed by two housekeeping staff members. During the cleaning, the housekeeping staff observed
6	that the glass top of R1's stove was cracked and immediately reported the condition to R1. The staff
7	member identified the cracked glass as a safety hazard and advised that the stovetop should be
8	replaced to prevent potential injury. R1 stated that they were not aware of the damage and agreed to
9	replace the stovetop. A work order was subsequently submitted, and the stovetop was replaced. R1
10	denies responsibility and states they did not crack the stovetop and claims that the cleaning staff
11	cracked the stovetop when the deep cleaning was done and R1 was then charged by the facility for the
12	repair; while housekeeping staff reported the nature of the damage would have required significant
13	force.
14	
15	The Department reviewed the Residence and Care Agreement (RCA) which states "Stoneridge Creek
16	will provide all necessary repairs to your Residence. However, you will be responsible for the cost of any
17	extra maintenance or repairs not caused by normal wear and tear as well as any maintenance or repairs
18	of your personal property requested and authorized by you". Additionally, the Department reviewed ADP
19	Glass invoice. R1's invoice from Stoneridge, and the work order associated with the repair and found
20	that the workorder was completed and the broken glass was fixed.
21	
22	Due to this information, the Department finds the allegation to be UNSUBSTANTIATED – a finding of
23	unsubstantiated means that although the allegations may have happened or is valid, there is not
24	preponderance of the evidence to prove that the alleged violation occurred.
25	
26	No deficiencies cited.
27	
28	Exit Interview conducted and a copy of this report provided.
29	
30	
31	
32	

SUPERVISORS NAME: Yvonne Flores-Larios	
LICENSING EVALUATOR NAME: Ardalan Gharachorloo	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/29/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/29/2026