

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 019200673
Report Date: 01/22/2025
Date Signed: 01/22/2025 03:38:59 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 **01/13/2025** and conducted by Evaluator Gregory Clark

	COMPLAINT CONTROL NUMBER: 15-AS-20250113161430
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FACILITY NAME: D'NALOR CARE HOMES, LLC	FACILITY NUMBER: 019200673
ADMINISTRATOR: WILSON, ROLAND	FACILITY TYPE: 740
ADDRESS: 2706 106TH AVE	TELEPHONE: (510) 756-6122
CITY: OAKLAND	STATE: CA
CAPACITY: 6	ZIP CODE: 94605
MET WITH: Roland Wilson, Administrator	DATE: 01/22/2025
	UNANNOUNCED TIME BEGAN: 02:45 PM
	TIME COMPLETED: 03:55 PM

ALLEGATION(S):

1	Resident was given an insulin injection by staff who is not an appropriately skilled professional
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INVESTIGATION FINDINGS:

1	On 1/22/25 at 2:45 p.m., Licensing Program Analyst (LPA) Greg Clark arrived unannounced to conduct a
2	10 day complaint investigation and deliver findings in regard to the allegation above. LPA met with
3	Roland Wilson, Administrator and explained the purpose of the visit.
4	
5	During the course of the investigation LPA interviewed facility resident (R1) and facility staff (S1 and S2)
6	and reviewed R1's file and facility schedule for January 2025.
7	
8	R1's physician's report documented that R1 is capable of administering her own insulin. LPA interviewed
9	R1 who stated that she administers her insulin mostly "on my own." Staff adjust the dosage but do not
10	assist with the injection itself.
11	
12	Facility staff also stated that R1 administers her insulin by herself and that they never touch her needles.
13	Staff also stated that they make sure that R1 disposes of her needles properly in the sharp disposal container in the kitchen.

report continujes on LIC9099C

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios
NAME OF LICENSING PROGRAM ANALYST: Gregory Clark
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 01/22/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/22/2025

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

LIC9099 (FAS) - (06/04)

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Control Number 15-AS-20250113161430

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

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: D'NALOR CARE HOMES, LLC

FACILITY NUMBER: 019200673

VISIT DATE: 01/22/2025

NARRATIVE

1 ***report continues from LIC9099***

2
3 LPA also reviewed the staff schedule for Saturday 1/11/25 to confirm staff on duty and S1 and S2 were
4 the staff on duty.
5

6 This agency has investigated the complaint alleging resident was given an insulin injection by staff who
7 is not an appropriately skilled professional. We have found that the complaint was unsubstantiated.
8 Although the allegation may have happened or is valid, there is not a preponderance of evidence to
9 prove the alleged violation did or did not occur, therefore the allegation is UNSUBSTANTIATED.
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11 Exit interview conducted, a copy of this report provided.
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