

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 019200685
Report Date: 07/24/2025
Date Signed: 07/24/2025 03:18:20 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 **02/22/2025** and conducted by Evaluator Grace Luk

PUBLIC	COMPLAINT CONTROL NUMBER: 15-AS-20250222203747
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FACILITY NAME: CAREFIELD CASTRO VALLEY	FACILITY NUMBER: 019200685
ADMINISTRATOR: PARVEEN SINGH	FACILITY TYPE: 740
ADDRESS: 19960 SANTA MARIA AVE	TELEPHONE: (510) 582-2765
CITY: CASTRO VALLEY	STATE: CA
CAPACITY: 116	ZIP CODE: 94546
	CENSUS: 76
	DATE: 07/24/2025
	UNANNOUNCED TIME BEGAN: 12:15 PM
MET WITH: Kathy Bedolla, Assisted Living Director	TIME COMPLETED: 03:35 PM

ALLEGATION(S):

1	Staff mismanaged resident medication
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INVESTIGATION FINDINGS:

1	On 7/24/2025 at 12:15PM, Licensing Program Analyst (LPA) G. Luk arrived unannounced to conduct a
2	complaint investigation and deliver findings in regards to the allegation above. LPA met with Assisted
3	Living Director, Kathy Bedolla and explained the purpose of the visit.
4	
5	During the course of investigation, LPA interviewed 5 staff, 2 residents, and complainant. LPA reviewed
6	and obtained emergency information, med list, MAR, and discharge documents. Interview with staff
7	revealed that narcotic medications are kept locked in the med carts and counted daily. Staff stated med
8	techs have not given the wrong dosage of medications to residents. R2's med list indicated R2 was not
9	taking narcotic medications and R2's MAR revealed that medications were administered to R2 as
10	prescribed.
11	
12	Although the allegation may have happened or is valid, there is not a preponderance of evidence to
13	prove the alleged violation did occur, therefore the allegation is UNSUBSTANTIATED. Exit interview
	conducted. A copy of this report provided.

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Harpreet Humpal

NAME OF LICENSING PROGRAM ANALYST: Grace Luk

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/24/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/24/2025

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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