

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 019200873
Report Date: 02/13/2026
Date Signed: 02/13/2026 06:13:48 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 **02/04/2026** and conducted by Evaluator David Doidge

	COMPLAINT CONTROL NUMBER: 15-AS-20260204102043
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FACILITY NAME: POINT AT ROCKRIDGE, THE	FACILITY NUMBER: 019200873
ADMINISTRATOR: REDDY, ANNA	FACILITY TYPE: 740
ADDRESS: 4500 GILBERT STREET	TELEPHONE: (510) 658-9266
CITY: OAKLAND	STATE: CA
CAPACITY: 186	ZIP CODE: 94611
MET WITH: Executive Director Anna Reddy	CENSUS: 114
	DATE: 02/13/2026
	UNANNOUNCED TIME BEGAN: 10:30 AM
	TIME COMPLETED: 06:30 PM

ALLEGATION(S):

1	Staff did not safeguard resident's personal belongings
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INVESTIGATION FINDINGS:

1	On 02/13/2026 at 10:30 AM, Licensing Program Analyst (LPA) David Doidge arrived unannounced to
2	conduct an initial 10-day complaint investigation and to deliver findings in regards to the allegation above.
3	LPA met with Executive Director Anna Reddy and explained the purpose of the visit.
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5	During the course of the investigation, LPA obtained copies of R1's Physician's Report, Appraisal Needs
6	and Services Plan, Admission Agreement, Identification and Emergency sheet, Resident Theft and Loss
7	Record for two incidents, and correspondence between the facility and R1's Responsible Party. LPA
8	interviewed R1, and 6 staff members.
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10	Allegations: Staff did not safeguard resident's personal belongings
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12	Continued on LIC9099-C
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Bennett Fong

LICENSING EVALUATOR SIGNATURE:

DATE: 02/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/13/2026

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

Control Number 15-AS-20260204102043

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: POINT AT ROCKRIDGE, THE

FACILITY NUMBER: 019200873

VISIT DATE: 02/13/2026

NARRATIVE

1 Continued from LIC9099

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Investigation Findings: It was reported to the department that on two separate occasions money was taken from a resident's purse along with a debit card. Each room in Assisted Living has a room safe, and residents are encouraged to keep their room doors locked and valuables out away. The facility did complete a Theft and Loss Record for both incidents and notify the responsible party of both incidents. The Theft and Loss Records show that Oakland Police Department was notified for the lost credit card, but not for the missing cash. R1 stated there was one hundred dollars in R1's purse in R1's room, given to R1 by R1's daughter. About a week after being given the cash, it went missing. R1 feels it was taken from R1's room while R1 was out of R1's room. S1 spoke with R1 about the missing cash and created a Theft and Loss Record. S1 and S3 stated that R1 is forgetful and has forgotten R1's purse in varies places throughout the facility as well as other items. S3 told LPA that R1 will repeat stories and thoughts when talking to S3, and has often times forgotten to clean up or feed R1's cats. S1 and S3 have voiced concerns over R1's memory. S2, S3, and S4 reported not knowing of the incident. Neither S2, S3, nor S4 reported ever taking money from a resident, nor suspecting other coworkers of such. In record review, R1 does have Mild Cognitive Impairment and a diagnosis of Bipolar. LPA did observe R1 having difficulty remembering the order of events, and lapse in recall of when the incidents occurred. Based on interviews, the allegation is UNSUBSTANTIATED,

Although the allegation may have happened or are valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur, therefore the allegation is UNSUBSTANTIATED.

No deficiencies cited during the visit.

Exit interview conducted and a copy this report was provided.

SUPERVISORS NAME: Bennett Fong

LICENSING EVALUATOR NAME: David Doidge

LICENSING EVALUATOR SIGNATURE:

DATE: 02/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/13/2026