

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 019200879
Report Date: 08/12/2026
Date Signed: 08/12/2026 04:33:43 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 **06/01/2026** and conducted by Evaluator David Doidge

	COMPLAINT CONTROL NUMBER: 15-AS-20260601130308
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FACILITY NAME:	MERRILL GARDENS AT ROCKRIDGE	FACILITY NUMBER:	019200879
ADMINISTRATOR:	NIARE DAWN FEASTER	FACILITY TYPE:	740
ADDRESS:	5238 CORONADO AVE	TELEPHONE:	(510) 338-4543
CITY:	OAKLAND	STATE: CA	ZIP CODE: 94618
CAPACITY:	150	CENSUS: 130	DATE: 08/12/2026
		UNANNOUNCED	TIME BEGAN: 04:10 PM
MET WITH:	General Manager Niare Feaster	TIME COMPLETED:	04:45 PM

ALLEGATION(S):

1	Staff did not ensure that paper towels were made accessible to residents in care
2	
3	Facility is in disrepair
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INVESTIGATION FINDINGS:

1	On 08/12/2026 at 4:10 PM, Licensing Program Analyst (LPA) David Doidge arrived unannounced to
2	deliver findings regarding the allegations above. LPA met with General Manager Niare Feaster and
3	explained the purpose of the visit.
4	
5	During the course of the investigation, LPA toured the facility with S1
6	
7	Allegation: Staff did not ensure that paper towels were made accessible to residents in care
8	
9	Investigation Findings: LPA observed two paper towel dispensers in both public restrooms supplied and
10	operational. In each bathroom, the automatic paper towel dispenser is about 60 inches from the ground,
11	the nonautomatic dispenser is about 35 inches from the ground. Both dispensers had paper towels and
12	were easily accessible. Based on observations the above allegation is UNSUBSTANTIATED.
13	
	Continued on LIC9099-C

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Bennett Fong	
LICENSING EVALUATOR NAME: David Doidge	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/12/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/12/2026

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-20260601130308

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: MERRILL GARDENS AT ROCKRIDGE	FACILITY NUMBER: 019200879
	VISIT DATE: 08/12/2026

NARRATIVE	
1	Continued on LIC9099-C
2	
3	Allegation: Facility is in disrepair
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5	The allegation is that the facility has an outdoor patio with loose tiles that shift when walked on, and that
6	one of the facility's automatic door opener buttons is non-operational. The tiles are outdoors and
7	therefore affected by different air temperatures. When LPA toured the outdoor patio, LPA observed that
8	none of the tiles were loose. S1 informed LPA that maintenance staff had addressed the issue, and
9	secured the tiles so none of them rock when stepped on.
10	
11	LPA tried every automatic door opener in the facility and found all of them in working condition. The
12	narrative also states that the toilet flush levers are installed on the wrong side of the toilets. LPA
13	observed that all the flush levers are on the left side of the toilet and in working condition. Based on
14	observations the above allegation is UNSUBSTANTIATED.
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16	Although the allegations may have happened or are valid, there is not a preponderance of evidence to
17	prove the alleged violations did or did not occur, therefore the allegations are UNSUBSTANTIATED.
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19	No deficiencies were cited during this inspection.
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21	Exit interview conducted and a copy of this report provided.
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SUPERVISORS NAME: Bennett Fong	
LICENSING EVALUATOR NAME: David Doidge	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/12/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/12/2026