

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 019201003

Report Date: 12/19/2025

Date Signed: 12/19/2025 05:48:19 PM

**Substantiated**

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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **04/04/2025** and conducted by Evaluator Grace Luk

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 15-AS-20250404142130</b>
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<b>FACILITY NAME:</b> MILAN VILLA SENIOR LIVING	<b>FACILITY NUMBER:</b> 019201003
<b>ADMINISTRATOR:</b> GOMBIO, JANICE	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 740 HOLMES STREET	<b>TELEPHONE:</b> (925) 583-5777
<b>CITY:</b> LIVERMORE	<b>ZIP CODE:</b> 94550
<b>CAPACITY:</b> 24	<b>DATE:</b> 12/19/2025
<b>STATE:</b> CA	<b>UNANNOUNCED TIME BEGAN:</b> 10:30 AM
<b>CENSUS:</b> 20	<b>TIME COMPLETED:</b> 06:00 PM
<b>MET WITH:</b> Janice Gombio, Executive Director Isabel Poderoso, Campus Director	

**ALLEGATION(S):**

1	Staff did not conduct re-evaluation after resident's change in condition.
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**INVESTIGATION FINDINGS:**

1	On 12/19/2025 at 10:30AM, 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 Campus
3	Director, Isabel Poderoso and informed her the reason for visit. Executive Director, Janice Gombio
4	arrived two hours later.
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6	During the course of investigation, LPA interviewed residents, staff, witness, and complainants. LPA
7	reviewed and obtained documents including LIC500, staff schedule, physician's report, care plan,
8	emergency information, facility notes, communication logs, and incident reports.
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10	After reviewing R1's file, LPA observed facility only had physician's report dated 2/28/2024 and care plan
11	with most recent services initiated on 10/7/2024. Interview with staff (S1) revealed that R1's doctor was
12	notified of R1's changes in condition. However, S1 stated that R1 did not have an updated physician's
13	report and care plan completed. (Continue on LIC9099C...)

<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Harpreet Humpal  
**LICENSING EVALUATOR NAME:** Grace Luk  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 12/19/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 12/19/2025

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-20250404142130

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 (Cont)

**FACILITY NAME:** MILAN VILLA SENIOR LIVING

**FACILITY NUMBER:** 019201003

**VISIT DATE:** 12/19/2025

### NARRATIVE

1 Based on LPA's information obtained during investigation, the preponderance of evidence standard has  
2 been met; therefore, the above allegation is found to be **SUBSTANTIATED**. California Code of  
3 Regulations, Title 22, are being cited on the attached LIC9099D.

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5 Exit interview conducted with Janice Gombio. A copy of this report and appeal rights provided.  
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**SUPERVISORS NAME:** Harpreet Humpal  
**LICENSING EVALUATOR NAME:** Grace Luk  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 12/19/2025

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**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 12/19/2025

LIC9099 (FAS) - (06/04)

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**Control Number** 15-AS-20250404142130

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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

**COMPLAINT INVESTIGATION REPORT (Cont)**

310 OAKLAND, CA 94612

**FACILITY NAME:** MILAN VILLA SENIOR LIVING  
**DEFICIENCY INFORMATION FOR THIS PAGE:**

**FACILITY NUMBER:** 019201003  
**VISIT DATE:** 12/19/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 01/09/2026 Section Cited CCR 87463(a)	1 Reappraisals. (a) The pre-admission 2 appraisal, as specified in Section 3 87457, Pre-Admission Appraisal, shall 4 be updated in writing as frequently as 5 necessary or once every 12 months, 6 whichever occurs first, to note 7 significant changes in condition... This requirement is not met as evidence by:	1 Executive Director (ED) has agreed to 2 create a written plan to update care 3 plans when residents have changes in 4 condition. ED will submit plan to CCLD 5 by POC date. 6 7
	8 Based on interview and record review, 9 licensee did not comply with the section 10 cited above by not updating 11 reappraisal/care plan when R1 had a 12 change in condition which poses a 13 potential health and safety risk to the 14 persons in care.	

**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

**SUPERVISORS NAME:** Harpreet Humpal  
**LICENSING EVALUATOR NAME:** Grace Luk  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_  
**DATE:** 12/19/2025

**I acknowledge receipt of this form and understand my appeal rights as explained and received.**  
**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_  
**DATE:** 12/19/2025

LIC9099 (FAS) - (06/04)

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**FACILITY NUMBER:** 019201003

**ADMINISTRATOR:** GOMBIO, JANICE  
**ADDRESS:** 740 HOLMES STREET  
**CITY:** LIVERMORE  
**CAPACITY:** 24

**STATE:** CA  
**CENSUS:** 20

**FACILITY TYPE:** 740  
**TELEPHONE:** (925) 583-5777  
**ZIP CODE:** 94550  
**DATE:** 12/19/2025

MET WITH: Janice Gombio, Executive Director  
Isabel Poderoso, Campus Director

TIME  
COMPLETED:

06:00 PM

ALLEGATION(S):

1	Staff did not provide supervision to residents in care.
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INVESTIGATION FINDINGS:

1	On 12/19/2025 at 10:30AM, 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 Campus
3	Director, Isabel Poderoso and informed her the reason for visit. Executive Director, Janice Gombio
4	arrived two hours later.
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6	During the course of investigation, LPA interviewed residents, staff, witness, and complainants. LPA
7	reviewed and obtained documents including LIC500, staff schedule, physician's report, care plan,
8	emergency information, facility notes, communication logs, and incident reports.
9	
10	Facility staff schedule indicated there was at least 2 staff on duty for each shift. Interview with staff
11	revealed R1 was check on regularly and often as R1 is a fall risk with wandering behaviors. S3 stated
12	that when R1 fell in 11/2/2024, S3 checked on R1 about an hour prior to incident. Facility notes indicated
13	that R1 was check every 2-3 hours. (Continue on LIC9099C...)

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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<b>SUPERVISORS NAME:</b> Harpreet Humpal	
<b>LICENSING EVALUATOR NAME:</b> Grace Luk	
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 12/19/2025

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LIC9099 (FAS) - (06/04) Page: 4 of 5

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<b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	

**FACILITY NAME:** MILAN VILLA SENIOR LIVING **FACILITY NUMBER:** 019201003  
**VISIT DATE:** 12/19/2025

**NARRATIVE**

1	Although the allegation may have happened or is valid, there is not a preponderance of evidence to
2	prove the alleged violation did occur, therefore the allegation is <b>UNSUBSTANTIATED</b> .
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4	Exit interview conducted with Janice Gombio. A copy of this report provided.
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