

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 019201003  
Report Date: 02/16/2024  
Date Signed: 02/16/2024 01:19:37 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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/12/2024** and conducted by Evaluator Grace Luk

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 15-AS-20240212143438</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>STATE:</b> CA <b>ZIP CODE:</b> 94550
<b>CAPACITY:</b> 24	<b>CENSUS:</b> 18 <b>DATE:</b> 02/16/2024
<b>MET WITH:</b> Janice Gombio, Administrator Isabel Poderoso, Campus Director	<b>UNANNOUNCED TIME BEGAN:</b> 09:45 AM <b>TIME COMPLETED:</b> 12:30 PM

**ALLEGATION(S):**

1	Staff did not ensure facility was free from pests
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**INVESTIGATION FINDINGS:**

1	On 2/16/2024 at 9:45AM, Licensing Program Analyst (LPA) G. Luk arrived unannounced to conduct a complaint investigation and deliver findings regarding the allegation above. LPA met with Campus Director, Isabel Poderoso and informed her the reason for visit. Administrator, Janice Gombio arrived 30 minutes later.
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5	During the investigation, LPA interviewed 4 residents, 2 staff, and complainant. LPA reviewed and obtained documents including pest inspection report and communication with doctors. LPA inspected the 5 residents' beds and mattresses and did not observe bed bugs or other insects. Pest inspection report completed on 1/18/2024 inspected the 5 resident's mattress, box spring, sheets, and surrounding area with no evidence of bed bugs or other insects discovered.
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10	Although the allegation may have happened or are valid, there is not a preponderance of evidence to prove the alleged violation did occur, therefore these allegation is UNSUBSTANTIATED. No deficiencies are being cited on this date. Exit interview conducted. A copy of this report provided.
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**Unsubstantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Harpreet Humpal

**NAME OF LICENSING PROGRAM ANALYST:** Grace Luk

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 02/16/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/16/2024

**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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