

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# COMPLAINT INVESTIGATION REPORT

Facility Number: 019201143  
Report Date: 09/18/2025  
Date Signed: 09/18/2025 04:32:40 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 **08/27/2025** and conducted by Evaluator Lisha Holmes

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 15-AS-20250827092248</b>
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<b>FACILITY NAME:</b> ELEGANCE BERKELEY	<b>FACILITY NUMBER:</b> 019201143
<b>ADMINISTRATOR:</b> DOMIZIO, ANNEMARIE E	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 2100 SAN PABLO AVENUE	<b>TELEPHONE:</b> (510) 788-1333
<b>CITY:</b> BERKELEY	<b>STATE:</b> CA
<b>CAPACITY:</b> 120	<b>ZIP CODE:</b> 94710
	<b>CENSUS:</b> 44
<b>MET WITH:</b> Maureen Lee, Memory Care Director.	<b>DATE:</b> 09/18/2025
	<b>UNANNOUNCED TIME BEGAN:</b> 12:50 PM
	<b>TIME COMPLETED:</b> 05:00 PM

**ALLEGATION(S):**

1	Staff did not prevent resident from harassing another resident.
2	Staff did not provide resident with adequate food service.
3	Licensee did not provide adequate notice of fee increase to resident.
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**INVESTIGATION FINDINGS:**

1	On 09/18/2025 around 12:50 PM, Licensing Program Analyst (LPA) L. Holmes conducted a an
2	unannounced initial 10-day complaint. LPA met with and explained the purpose of the visit to Maureen
3	Lee, Memory Care Director.
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5	During the complaint LPA interviewed Staff (S1, S2, S3, S4, S5), Residents (R1, R2, R3, R4, R5, R6),
6	and Witnesses (W1, W2, W3) and requested the following documents: LIC501, Resident Roster,
7	ID/Emergency Contact information, LIC 602, Preappraisal, House Rules, current Appraisal Needs and
8	Services, and Admission Agreement, Monthly Menu and Always Available Menus.
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10	Allegations UNSUBSTANTIATED:
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12	Continued on LIC9099C...
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**Unsubstantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Yvonne Flores-Larios

**NAME OF LICENSING PROGRAM ANALYST:** Lisha Holmes

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 09/18/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 09/18/2025

**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-20250827092248

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:** ELEGANCE BERKELEY

**FACILITY NUMBER:** 019201143

**VISIT DATE:** 09/18/2025

**NARRATIVE**

1 ...continued from LIC9099.

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**Staff did not prevent resident from harassing another resident.**

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R1 stated that R2 was verbally harassing him/her multiple times. In a prior to the complaint is when R2 used a curse word towards R1. R1 did not identify any witnesses. S2 and S5 stated that R2 does have occasional outbursts which may be due to a medical condition, but there's never anything physical towards R1. S2 stated that he/she spoke to R1 and R2 regarding the interactions suggesting sitting away from each other and/or repositioning R1's chair for avoidance, and S2 will redirect when necessary; stating that both residents have personal rights. R1 requested LPA to allow him/her to remain anonymous with R2; therefore, LPA did not interview R2. S5 stated that the allegation is not surprising because R1 will go behind the bistro bar even though R1 is not supposed to enter the area, and R1 does not want R2 to say anything about it him/her, becomes rude, screams, complains and then acts as if nothing has happened.

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**Staff did not provide resident with adequate food service.**

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LPA toured the dining area and observed breakfast and lunch being served to residents on 08/26/25 and 09/04/25. The purchase orders and invoices from Vesta and Sysco food services for the month of August 2025, were consistent with the menus provided and the meals observed. Interviews revealed that S1, S2, S3, S4, W1, W2, W3, R1, R3 and R5 did not initiate any complaints about the meals, menu of food provided; R1 was not forth coming with names, dates or times of the allegation or when the incident was reported.

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**Licensee did not provide adequate notice of fee increase to resident.**

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Interviews with (S1, S2, S3 S4), Admission records and services fees reviewed for R1, R2, R3, and R4 did not reveal any rate increases, improper notices or advance notice (60 days) notices. S1 stated there has not been any new rent rate increases since the introduction of the new management company on 07/01/2025. Hospitality.

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Based on information obtained, the allegations are **UNSUBSTANTIATED**. A finding that the complaint is unsubstantiated means that the allegations are not valid because the preponderance of the evidence standard has not been met.

Exit interview conducted, and a copy of this report provided to Justin Zackzewski, Director of Hospitality.

**NAME OF LICENSING PROGRAM MANAGER:** Yvonne Flores-Larios

**NAME OF LICENSING PROGRAM ANALYST:** Lisha Holmes

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 09/18/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 09/18/2025