

Department of

# SOCIAL SERVICES

## Community Care Licensing

# COMPLAINT INVESTIGATION REPORT

Facility Number: 019201143

Report Date: 12/10/2025

Date Signed: 12/10/2025 04:23:14 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 **12/01/2025** and conducted by Evaluator Daisy Panlilio

	<b>COMPLAINT CONTROL NUMBER: 15-AS-20251201102255</b>
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<b>FACILITY NAME:</b> ARBOR AT 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>DATE:</b> 12/10/2025
	<b>UNANNOUNCED TIME BEGAN:</b> 01:18 PM
<b>MET WITH:</b> Sarina Lichtenberger, Regional Operations Leader	<b>TIME COMPLETED:</b> 05:30 PM
Justin Zackzewski, Associate Executive Director	
Maureen Lee, Administrator/Memory Care Director	

**ALLEGATION(S):**

1	Staff does not prevent resident from being verbally abusive to other residents
2	Staff charging resident for services not received
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**INVESTIGATION FINDINGS:**

1	On 12/10/25 at 1:18PM, Licensing Program Analyst (LPA) D Panlilio conducted an unannounced
2	complaint visit, met with staff (Regional Operations Leader (ROL), Associate ED (AED), gathered
3	information and delivered investigation findings of above allegations. LPA explained the purpose of the
4	visit with ROL and AED.
5	
6	During investigation, LPA interviewed staff (ROL, AED), random residents (R1, R2, R3) and obtained the
7	following documents from AED - staff roster, residents' roster, admission agreement, physicians report,
8	ID/Emergency information, Appraisal/Needs & Services plan, monthly invoices and incident reports.
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10	Continued on next page, LIC 9099-C
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<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Bennett Fong  
**LICENSING EVALUATOR NAME:** Daisy Panlilio  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 12/10/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 12/10/2025

**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-20251201102255**

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:** ARBOR AT BERKELEY

**FACILITY NUMBER:** 019201143

**VISIT DATE:** 12/10/2025

### NARRATIVE

1 Allegation: Staff does not prevent resident from being verbally abusive to other residents  
2 Investigation Finding: Unsubstantiated  
3 On 12/10/25 at 1:20PM, LPA interviewed staff (ROL, AED), staff incident statements and reviewed R1's  
4 documents. ROL stated that they have had two in person meetings with R1 and R2 to address and  
5 mitigate their verbal altercations. AED stated that on 11/20/25 after residents had their lunch, staff  
6 (S1,S2) safely redirected R2 back to his room when he started yelling at R1 when she purposely  
7 provoked R2 to make him more angry. Prior LPA L Holmes' interviews with residents (R1,,R3, R4) on  
8 09/04/25 confirmed that staff safely redirected and separated R1 and R2 whenever they had a heated  
9 argument. Although the allegation may have happened or is valid, there is not a preponderance of  
10 evidence to prove the alleged violation did occur, therefore the allegation that staff does not prevent  
11 resident from being verbally abusive to other residents is unsubstantiated.

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13 Allegation: Staff charging resident for services not received  
14 Investigation Finding: Unsubstantiated  
15 On 12/10/25 at 1:20PM, LPA interviewed staff (ROL, AED) and reviewed R1's documents. Review of  
16 R1's signed service plan agreement dated 04/22/25 showed R1 agreed to pay the Level I Assisted  
17 Living Care monthly charge of \$960.48 effective 05/13/25. AED stated the change of monthly charge  
18 was due to the switch from Elegence at Berkeley Service Plan point system to the new Arbor at  
19 Berkeley Level of Care Plan system. Staff (ROL,AED) stated they explained the monthly service rate  
20 change to R1 and did not bill her the Level 1 Care package until 07/01/25 with a monthly discount of  
21 \$200. Although the allegation may have happened or is valid, there is not a preponderance of evidence  
22 to prove the alleged violation did occur, therefore the allegation that staff is charging resident for  
23 services not received is unsubstantiated.

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25 No deficiencies cited. Exit Interview conducted and a copy of this report provided.  
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**SUPERVISORS NAME:** Bennett Fong  
**LICENSING EVALUATOR NAME:** Daisy Panlilio  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 12/10/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 12/10/2025

LIC9099 (FAS) - (06/04)

Page: 2 of 2