

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 019201167
Report Date: 02/20/2026
Date Signed: 02/20/2026 10:34:51 AM

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 **11/20/2025** and conducted by Evaluator Ardalan Gharachorloo

	COMPLAINT CONTROL NUMBER: 15-AS-20251120163432
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FACILITY NAME: EMERALD VALLEY	FACILITY NUMBER: 019201167
ADMINISTRATOR: ESPINOZA, MARISSA K	FACILITY TYPE: 740
ADDRESS: 7601 AMADOR VALLEY BLVD	TELEPHONE: (925) 361-0913
CITY: DUBLIN	STATE: CA
CAPACITY: 80	ZIP CODE: 94568
	CENSUS: 72
	DATE: 02/20/2026
	UNANNOUNCED TIME BEGAN: 09:24 AM
MET WITH: Janelle Douglas, Executive Director	TIME COMPLETED: 11:35 PM

ALLEGATION(S):

1	Staff are physically abusing residents
2	Staff do not distribute residents' medications as prescribed
3	Staff do not ensure that residents' dietary needs are met
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INVESTIGATION FINDINGS:

1	On 02/20/2026 at 09:24 AM, Licensing Program Analyst (LPA) Ardalan Gharachorloo arrived
2	unannounced to deliver findings in regard to the allegations above. LPA met with Janelle Douglas,
3	Executive Director and explained the purpose of the visit.
4	
5	During the course of the investigation, LPA interviewed 7 staff (S1-S7) and W1. LPA also reviewed 5
6	resident files (R1-R5) ,obtained a copy of MAR's for R1-R5 ,as well as the physician report and needs
7	and services plan. LPA obtained the staff schedule , resident roster and staff shift schedule for the month
8	of November. LPA toured the facility including but not limited to 3 resident rooms, memory care unit and
9	the kitchen.
10	
11	Allegation:Staff are physically abusing residents - Unsubstantiated
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13	***CONTINUE ON 9099C***

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Yvonne Flores-Larios

LICENSING EVALUATOR NAME: Ardalan Gharachorloo
LICENSING EVALUATOR SIGNATURE:

DATE: 02/20/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/20/2026

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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COMMUNITY CARE LICENSING DIVISION
OAKLAND ASC, 1515 CLAY STREET, STE. 310
OAKLAND, CA 94612

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: EMERALD VALLEY

FACILITY NUMBER: 019201167

VISIT DATE: 02/20/2026

NARRATIVE

1 ***CONTINUE FROM 9099C***

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Allegation: Staff do not ensure residents' dietary needs are met — Unsubstantiated

During the investigation, LPA reviewed facility menus, including special diet menus posted in the kitchen, and interviewed S4, who demonstrated knowledge of residents' dietary restrictions, and food preparation procedures. Documentation reviewed reflected that residents' dietary needs and restrictions were identified in their records and incorporated into meal planning.

LPA observed the kitchen area and food storage, which appeared organized, and adequately stocked. Residents interviewed did not report concerns regarding food access, meal quality, or staff withholding food.

This agency has investigated the investigations above. We have found that the allegations were unsubstantiated. Although the allegations may have happened or are valid, there is not a preponderance of evidence to prove the alleged violations did or did not occur, therefore the allegations are UNSUBSTANTIATED.

Exit interview conducted, a copy of this report provided.

SUPERVISORS NAME: Yvonne Flores-Larios

LICENSING EVALUATOR NAME: Ardalan Gharachorloo

LICENSING EVALUATOR SIGNATURE:

DATE: 02/20/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/20/2026

LIC9099 (FAS) - (06/04)

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COMPLAINT INVESTIGATION REPORT (Cont)

NARRATIVE

1 ***CONTINUE FROM 9099***

2
 3 LPA interviewed seven staff (S1–S7), three residents, and one responsible party for
 4 R2. Interviews conducted did not reveal disclosures or observations consistent with
 5 physical abuse, humiliation, or mistreatment by staff. Residents interviewed did not
 6 report being sprayed with water, forced into showers, or physically harmed. Staff
 7 consistently denied the allegation and reported that residents are treated with dignity
 8 and respect. The responsible party for R2 interviewed also did not express concerns
 9 regarding staff conduct or treatment of residents. LPA also reviewed Staff files,
 10 including notes and reports. No reports of misconduct by the staff were documented.
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 14 LPA toured the facility including three resident rooms, the memory care unit, and
 15 common areas. No evidence of abuse, unsafe practices were observed. LPA also
 16 checked the water temperature. Water temperature was measured at 112.9 F.
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21 Allegation: Staff do not distribute residents' medications as prescribed —
 22 Unsubstantiated
 23

24 LPA reviewed five resident files (R1–R5), including physician reports, needs and
 25 services plans, and Medication Administration Records (MARs). Records reviewed
 26 showed medications were documented as administered in accordance with
 27 physician orders. No discrepancies were identified during records review. Staff
 28 interviewed described medication administration procedures consistent with facility
 29 policy and regulatory requirements. Additionally, no residents interviewed reported
 30 missed medications or concerns related to medication administration.
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CONTINUE ON 9099C

SUPERVISORS NAME: Yvonne Flores-Larios

LICENSING EVALUATOR NAME: Ardalan Gharachorloo

LICENSING EVALUATOR SIGNATURE:

DATE: 02/20/2026

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