

# Department of SOCIAL SERVICES

*Community Care Licensing*

## COMPLAINT INVESTIGATION REPORT

Facility Number: 019201182  
Report Date: 03/20/2026  
Date Signed: 03/20/2026 01:50:14 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 **03/13/2026** and conducted by Evaluator Grace Luk

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 15-AS-20260313084413</b>
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<b>FACILITY NAME:</b> LAKE PARK SENIOR LIVING	<b>FACILITY NUMBER:</b> 019201182
<b>ADMINISTRATOR:</b> KORFHAGE, KIRSTEN	<b>FACILITY TYPE:</b> 741
<b>ADDRESS:</b> 1850 ALICE STREET	<b>TELEPHONE:</b> (510) 835-5511
<b>CITY:</b> OAKLAND	<b>STATE:</b> CA <b>ZIP CODE:</b> 94612
<b>CAPACITY:</b> 275	<b>CENSUS:</b> 130 <b>DATE:</b> 03/20/2026
<b>MET WITH:</b> Kirsten Korfhage, Executive Director	<b>UNANNOUNCED TIME BEGAN:</b> 10:45 AM
	<b>TIME COMPLETED:</b> 02:00 PM

### ALLEGATION(S):

1	Elevator is in disrepair.
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### INVESTIGATION FINDINGS:

1	On 3/20/2026 at 10:45AM, Licensing Program Analyst (LPA) G. Luk arrived unannounced to conduct a complaint investigation and delivered findings in regards to the allegation above. LPA met with Executive Director, Kirsten Korfhage and informed her the reason for visit.
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5	During visit, LPA interviewed staff and obtained correspondence regarding elevator repairs. LPA observed elevator #2 is currently inoperable.
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8	Interview with staff revealed that elevator #2 broke down around December of 2024 and in July of 2025 there was a contract to replace all three elevators. A correspondence revealed that in November of 2025 the licensee was notified that a hatch need to be constructed for new elevator materials to be transported into the facility. Correspondence dated 3/2/2026 indicated licensee is in the planning phase of the hatch construction.
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13	(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:** 03/20/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/20/2026

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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**Control Number** 15-AS-20260313084413

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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:** LAKE PARK SENIOR LIVING

**FACILITY NUMBER:** 019201182

**VISIT DATE:** 03/20/2026

### NARRATIVE

1 There's no additional information provided for the hatch construction and the elevator replacement plan.  
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4 Based on LPA's information obtained during investigation, the preponderance of evidence standard has  
5 been met; therefore, the above allegation are found to be **SUBSTANTIATED**. California Code of  
6 Regulations, Title 22, are being cited on the attached LIC9099D.  
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8 Exit interview conducted. A copy of this report, civil penalty, and appeal rights provided.  
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**SUPERVISORS NAME:** Harpreet Humpal  
**LICENSING EVALUATOR NAME:** Grace Luk  
**LICENSING EVALUATOR SIGNATURE:**

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LIC9099 (FAS) - (06/04)

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CCLD Regional Office, 1515 CLAY STREET, STE.

**COMPLAINT INVESTIGATION REPORT  
(Cont)**

310  
OAKLAND, CA 94612

**FACILITY NAME:** LAKE PARK SENIOR LIVING  
**DEFICIENCY INFORMATION FOR THIS PAGE:**

**FACILITY NUMBER:** 019201182  
**VISIT DATE:** 03/20/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 04/10/2026 Section Cited CCR 87303(a)	1 Maintenance and Operation. (a) The 2 facility shall be clean, safe, sanitary and 3 in good repair at all times... This 4 requirement is not met as evidence by: 5 6 7	1 Executive Director (ED) has agreed to 2 obtain a written detail plan on the 3 process of the hatch construction and 4 elevator replacements with completion 5 dates for each step of the process. 6 7
	8 Based on observation and record 9 review, licensee did not comply with the 10 section cited above by having elevator 11 #2 in disrepair which poses a potential 12 health and safety risk to the persons in 13 care. 14	8 ED will submit the plan to CCLD by 9 POC date. 10 11 Civil penalty of \$250 is being assessed 12 for a repeat violation. 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

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

<b>SUPERVISORS NAME:</b> Harpreet Humpal <b>LICENSING EVALUATOR NAME:</b> Grace Luk <b>LICENSING EVALUATOR SIGNATURE:</b>		<b>DATE:</b> 03/20/2026
<b>I acknowledge receipt of this form and understand my appeal rights as explained and received.</b>		
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>		<b>DATE:</b> 03/20/2026