

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 019201331

Report Date: 11/21/2025

Date Signed: 11/21/2025 01:26:56 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 **11/19/2025** and conducted by Evaluator Gregory Clark

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 15-AS-20251119124536</b>
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<b>FACILITY NAME:</b> HOUSE OF PSALMS ASSISTED LIVING FOR SENIORS	<b>FACILITY NUMBER:</b> 019201331
<b>ADMINISTRATOR:</b> OGUNDELE, BAMIKOLE	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 1525 7TH AVE	<b>TELEPHONE:</b> (925) 208-9250
<b>CITY:</b> OAKLAND	<b>STATE:</b> CA
<b>CAPACITY:</b> 23	<b>ZIP CODE:</b> 94606
<b>MET WITH:</b> Bamikole Ogundele, Administrator	<b>DATE:</b> 11/21/2025
	<b>UNANNOUNCED TIME BEGAN:</b> 11:00 AM
	<b>TIME COMPLETED:</b> 01:30 PM

### ALLEGATION(S):

1	Facility staff neglect resident in care
2	Staff are not distributing resident's medications as prescribed
3	Staff left resident in soiled diapers and linens for an extended period of time.
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### INVESTIGATION FINDINGS:

1	On 11/21/25 at 11:00 a.m., Licensing Program Analyst (LPA) Greg Clark arrived unannounced to conduct an initial 10-day complaint investigation and deliver findings in regard to the allegations above. LPA met with Bamikole Ogundele, Administrator and explained the purpose of the visit.
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5	During the course of the investigation LPA interviewed W1 and facility staff and reviewed facility documents. R1 refused to be interviewed.
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8	LPA is well aware of R1's ongoing refusal to accept care from facility staff, as documented in multiple SIRs submitted by the facility. LPA is also aware that R1 can become physically aggressive toward staff when care is attempted, as evidenced by reports of law enforcement being called to the facility for assistance.
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13	***report continues on LIC9099C***

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Yvonne Flores-Larios  
**LICENSING EVALUATOR NAME:** Gregory Clark  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 11/21/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/21/2025

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-20251119124536**

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:** HOUSE OF PSALMS ASSISTED LIVING FOR SENIORS

**FACILITY NUMBER:** 019201331

**VISIT DATE:** 11/21/2025

### NARRATIVE

1 \*\*\*report continues from LIC9099\*\*\*  
2

3 Based on staff interviews, and a review of facility documents, there is no evidence indicating that staff  
4 neglected R1 or failed to provide necessary care. Staff consistently reported offering R1 care at regular  
5 intervals, including hygiene assistance, repositioning, and medication administration. Medication  
6 administration records show that all medications were provided as ordered, very often R1 declined her  
7 medications, staff followed proper refusal protocols and notified the appropriate personnel.  
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9 Documentation also shows that staff made timely attempts to provide incontinence care to R1  
10 which R1 often refused. When R1 refused care such as changing soiled briefs or bedding,  
11 staff documented the refusal, re-approached R1, and offered care again as appropriate. The  
12 documentation and interviews demonstrates that staff acted within policy, respected R1's  
13 rights, and did not leave R1 in soiled conditions or without necessary attention for extended  
14 periods of time.  
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17 This agency has investigated the above complaints. We have found that the complaints are  
18 unsubstantiated. Although the allegations may have happened or are valid, there is not a preponderance  
19 of evidence to prove the alleged violations did or did not occur, therefore the allegations are  
20 **UNSUBSTANTIATED.**  
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25 Exit interview conducted, a copy of this report provided.  
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**SUPERVISORS NAME:** Yvonne Flores-Larios  
**LICENSING EVALUATOR NAME:** Gregory Clark  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 11/21/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/21/2025