

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 019201373
Report Date: 03/03/2026
Date Signed: 03/03/2026 04:13:06 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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/28/2026** and conducted by Evaluator Kelly Nguyen

	COMPLAINT CONTROL NUMBER: 15-AS-20260128154841
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FACILITY NAME: BELLARA SENIOR LIVING	FACILITY NUMBER: 019201373
ADMINISTRATOR: COLLETTE VALENTINE	FACILITY TYPE: 740
ADDRESS: 22400 2ND STREET	TELEPHONE: (760) 547-2863
CITY: HAYWARD	STATE: CA
CAPACITY: 175	ZIP CODE: 94541
	CENSUS: 140
	DATE: 03/03/2026
MET WITH: Jeff Jhunell Sumabat, Excutive Director	UNANNOUNCED TIME BEGAN: 12:00 PM
	TIME COMPLETED: 04:40 PM

ALLEGATION(S):

1	Licensee does not ensure that facility is kept in good repair.
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INVESTIGATION FINDINGS:

1	On this day, 3/3/26 at 12:00 pm, Licensing Program Analyst (LPA) K. Nguyen arrived unannounced to
2	investigate the above allegation and to deliver findings. LPA met with Executive Director (ED) Jeff
3	Sumabat and informed the reason for the visit.
4	
5	It was alleged that the Licensee does not ensure that the facility is kept in good repair. On 1/30/2026,
6	LPA K. Nguyen observed that the door in the memory care unit on the second floor is not working
7	properly. LPA tested the delayed egress door above the elevator and inside the memory care unit and
8	observed that the delayed egress door does not open after 15 seconds. On 1/30/26, during an interview
9	with S2, S2 stated, "That door does not open without the keypad code, and when held for 15 second
10	nothing happened". S1 stated "the 15-second hold was never installed on the door".
11	
12	Report continue on LIC 9099c...
13	

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Bennett Fong
LICENSING EVALUATOR NAME: Kelly Nguyen
LICENSING EVALUATOR SIGNATURE:

DATE: 03/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/03/2026

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-20260128154841

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: BELLARA SENIOR LIVING

FACILITY NUMBER: 019201373

VISIT DATE: 03/03/2026

NARRATIVE

1 Based on the information obtained, the preponderance of evidence is met; therefore, the allegation is
2 substantiated. Deficiency is cited from Title 22 California Code of Regulations and listed on 9099D.
3 Failure to submit proof of correction by plan of correction due date and any repeat violation within 12
4 month period may result in civil penalty.

5
6 Deficiency and plan and proof of correction were discussed with ED.
7

8 Exit interview conducted. Appeal Rights and a copy of this report provided.
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SUPERVISORS NAME: Bennett Fong
LICENSING EVALUATOR NAME: Kelly Nguyen
LICENSING EVALUATOR SIGNATURE:

DATE: 03/03/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/03/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 6

Control Number 15-AS-20260128154841

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1515 CLAY STREET, STE.

COMPLAINT INVESTIGATION REPORT (Cont)

310 OAKLAND, CA 94612

FACILITY NAME: BELLARA SENIOR LIVING
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 019201373
VISIT DATE: 03/03/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/17/2026 Section Cited CCR 87303(a)	1 87303 Maintenance and Operation 2 (a) The facility shall be clean, safe, 3 sanitary and in good repair at all times. 4 Maintenance shall include provision of 5 maintenance services and procedures 6 for the safety and well-being of 7 residents, employees and visitors. This requirement is not met as evidence by:	1 Facility has agreed to submit proof that 2 all delayed egress doors will be in 3 operating condition by POC date. 4 5 6 7
	8 Based on observation and interview, 9 licensee did not comply with the section 10 cited above by having inoperable 11 delayed egress door which poses a 12 potential health and safety risk to the 13 residents in care. 14	8 9 10 11 12 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.

SUPERVISORS NAME: Bennett Fong LICENSING EVALUATOR NAME: Kelly Nguyen LICENSING EVALUATOR SIGNATURE:		DATE: 03/03/2026
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FACILITY REPRESENTATIVE SIGNATURE:		DATE: 03/03/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY <h2 style="text-align: center;">COMPLAINT INVESTIGATION REPORT</h2>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
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FACILITY TYPE: 740
TELEPHONE: (760) 547-2863

CITY: HAYWARD	STATE: CA	ZIP CODE: 94541
CAPACITY: 175	CENSUS: UNANNOUNCED	DATE: 03/03/2026
MET WITH: Jeff Jhunell Sumabat, Executive Director	TIME BEGAN: 12:00 PM	COMPLETED: 04:40 PM

ALLEGATION(S):

- | | |
|---|--|
| 1 | Licensee does not ensure that resident's have freedom of movement while in care. |
| 2 | Licensee does not ensure that resident's are provided a healthful environment while in care. |
| 3 | Licensee does not ensure that facility is kept in a sanitary condition. |
| 4 | Licensee does not ensure that there is adequate staff available for food services cleanup. |
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INVESTIGATION FINDINGS:

- | | |
|----|---|
| 1 | On this day, 3/3/26 at 12:00 pm, Licensing Program Analyst (LPA) K. Nguyen arrived unannounced to |
| 2 | investigate the above allegation and to deliver findings. LPA met with Executive Director (ED) Jeff |
| 3 | Sumabat and informed the reason for the visit. |
| 4 | |
| 5 | Allegation: Licensee does not ensure that residents have freedom of movement while in care – |
| 6 | Unsubstantiated |
| 7 | |
| 8 | It was alleged that the licensee does not ensure that residents have freedom of movement while in care. |
| 9 | During the investigation, LPA conducted interviews with 16 residents, 10 staff, and reviewed facility |
| 10 | policies and records relevant to resident rights. |
| 11 | |
| 12 | Report continued on LIC 9099c... |
| 13 | |

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Bennett Fong	
LICENSING EVALUATOR NAME: Kelly Nguyen	
LICENSING EVALUATOR SIGNATURE:	DATE: 03/03/2026

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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 03/03/2026
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 LIC9099 (FAS) - (06/04) Page: 4 of 6
Control Number 15-AS-20260128154841

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMPLAINT INVESTIGATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	CCLD Regional Office, 1515 CLAY STREET, STE. 310
	OAKLAND, CA 94612

FACILITY NAME: BELLARA SENIOR LIVING **FACILITY NUMBER:** 019201373
VISIT DATE: 03/03/2026

NARRATIVE

- | | |
|----|---|
| 1 | LPA Interviews with 16 residents did not reveal any instances in which their freedom of movement was |
| 2 | restricted inappropriately. 16 out of 16 Residents stated they were able to move freely within the facility |
| 3 | and access common areas consistent with their individual care plans. |
| 4 | |
| 5 | Allegation: Licensee does not ensure that residents are provided a healthful environment while |
| 6 | in care - Unsubstantiated |
| 7 | |
| 8 | It was alleged that the licensee does not ensure that residents are provided a healthy environment while |
| 9 | in care. During the investigation, LPA conducted interviews with 16 residents, 10 staff, reviewed facility |
| 10 | records, and observed a display case with alcohol. |
| 11 | |
| 12 | Interviews with 11 residents did not indicate concerns regarding alcohol served at the facility, safety, or |
| 13 | overall healthfulness of the environment. Resident 1 through Resident 11 stated, "Every Thursday, the |
| 14 | facility has happy hours that offer us alcohol; however, facility staff never tried to sell any alcohol. R1 |
| 15 | through R11 stated, "The facility offered alcohol to us; however, they based their decision on our medical |
| 16 | |

17 records, and those who cannot drink were not offered." S1, S2, and S3 stated, "We don't ever charge for
18 that; it was just part of our beverages that we offered". LPA reviewed facility admission agreements;
19 there was no indication of alcohol charges in the admission agreement.

21 **Allegation: Licensee does not ensure that the facility is kept in a sanitary condition –**
22 **Unsubstantiated**

23
24 It was alleged that the licensee does not ensure that the facility is kept in a sanitary condition.
25 Observations made by the LPA on 1/30/26 and 3/3/26 did not reveal unsanitary conditions, including
26 accumulation of trash, odors, pests, or other conditions that would pose health risk to residents. LPA
27 toured a random section of the random Memory Care (MC) apartment (APT) and Assisted Living (AL)
28 apartments. LPA toured the MC and AL apartment, including but not limited to APT: 201, 202, 215, 225,
29 217, 222, 225, 505, 506, 502, 501, 316, and 133. All APTs are clean and sanitary. There is no odor in
30 any of the apartments.

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32 Report continued on LIC 9099c1

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FACILITY NAME: BELLARA SENIOR LIVING **FACILITY NUMBER:** 019201373
VISIT DATE: 03/03/2026

NARRATIVE	
1	LPA conducted 16 random selections of residents. 16 out of 16 residents interviewed did not report
2	concerns regarding sanitation or cleanliness of the facility. LPA conducted 10 Staff interview and 10 out
3	of 10 stated that routine cleaning schedules and sanitation practices are in place and followed to
4	maintain a clean environment.
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6	Although the allegations may have happened or is valid, there is not a preponderance of evidence to
7	prove the alleged violation did or did not occur, therefore the allegation is UNSUBSTANTIATED.
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13	Exit interview conducted and a copy of this report provided.
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