

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 019201495
Report Date: 07/09/2026
Date Signed: 07/09/2026 04:56:21 PM

Substantiated

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 **06/30/2026** and conducted by Evaluator Patricia Manalo

		COMPLAINT CONTROL NUMBER: 15-AS-20260630120228	
FACILITY NAME: LINCOLN VILLA		FACILITY NUMBER:	019201495
ADMINISTRATOR: DIVINA FERNANDEZ		FACILITY TYPE:	740
ADDRESS: 41040 LINCOLN STREET		TELEPHONE:	(510) 656-4373
CITY: FREMONT	STATE: CA	ZIP CODE:	94538
CAPACITY: 80	CENSUS: 79	DATE:	07/09/2026
MET WITH: Divina Fernandez, Administrator		UNANNOUNCED TIME BEGAN:	12:35 PM
		TIME COMPLETED:	05:15 PM

ALLEGATION(S):

1	Staff are not ensuring that residents are accorded privacy in their rooms
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On 07/09/2026 at 12:35 PM, Licensing Program Analyst (LPA) P. Manalo conducted an initial 10-day complaint visit and delivered the findings on the above allegation. LPA met with Administrator, Divina Fernadez and explained the purpose of the visit.
2	
3	
4	
5	During the course of investigation, LPA interviewed 7 residents and 3 staff members. LPA reviewed and obtained the following documents including but not limited to Resident Roster, Personnel Report (LIC500), Client/ Resident Personal Property and Valuables (LIC621), Admission Agreement, House Rules, and Safeguard Personal Property Policy.
6	
7	
8	
9	Allegation: Staff are not ensuring that residents are accorded privacy in their rooms
10	
11	
12	
13	Continue to LIC9099-C...

Substantiated	Estimated Days of Completion:
---------------	-------------------------------

SUPERVISORS NAME: Yvonne Flores-Larios

LICENSING EVALUATOR NAME: Patricia Manalo	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/09/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/09/2026

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 5
Control Number 15-AS-20260630120228

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 (Cont)	

FACILITY NAME: LINCOLN VILLA FACILITY NUMBER: 019201495
VISIT DATE: 07/09/2026

NARRATIVE	
1	Continued from LIC9099...
2	
3	It was alleged that staff are not ensuring that residents are accorded privacy in their rooms. Interview
4	with R1 stated that on multiple occasions, other residents have walked in R1's room and those residents
5	are not R1's roommate. Interview with 6 of 7 residents all indicated that they have observed other
6	residents walk in their room and they were not their roommates. Interview with 2 of 3 staff members also
7	stated that there are residents who wander in other residents' rooms due to their medical diagnosis.
8	
9	Based on interviews conducted, the preponderance of evidence standard has been met, therefore the
10	above allegation is found to be SUBSTANTIATED . California Code of Regulations (Title 22, Division 6,
11	Chapter 8), is being cited on the attached LIC 9099D.
12	
13	Exit interview was conducted with Administrator.
14	
15	A copy of this report and Appeal Rights was provided.
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	

SUPERVISORS NAME: Yvonne Flores-Larios	
LICENSING EVALUATOR NAME: Patricia Manalo	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/09/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/09/2026

LIC9099 (FAS) - (06/04) Page: 2 of 5
Control Number 15-AS-20260630120228

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 (Cont)	

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type B 07/23/2026 Section Cited CCR 87468.2(a)(1)	1	87468.2(a)(1) Additional Personal	1	Administrator agrees to change
	2	Rights of Residents in Privately	2	residents' doors with a lock so that only
	3	Operated Facilities	3	the residents residing in that room and
	4	(1)To have a reasonable level of	4	staff members have access. In addition,
	5	personal privacy in accommodations,	5	facility staff will coordinate with the
	6	medical treatment, personal care...	6	resident and residents' responsible
	7	This requirement is not met as	7	party of the new locking mechanism for
		evidenced by:		their rooms. Proof of correction will be
	8	Based on interviews, the licensee did	8	
	9	not comply with the section cited above	9	
	10	when 6 of 7 residents all stated that	10	
	11	other residents aside from their	11	
	12	roommate will wander in their room	12	
	13	which poses a potential safety and	13	
	14	personal rights risk to residents in care.	14	
	1		1	
	2		2	
	3		3	
	4		4	
	5		5	
	6		6	
	7		7	
	1		1	
	2		2	
	3		3	
	4		4	
	5		5	
	6		6	
	7		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.

SUPERVISOR'S NAME: Yvonne Flores-Larios

LICENSING EVALUATOR NAME: Patricia Manalo

LICENSING EVALUATOR SIGNATURE:

DATE: 07/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/09/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

COMMUNITY CARE LICENSING DIVISION

OAKLAND ASC, 1515 CLAY STREET, STE. 310

OAKLAND, CA 94612

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/30/2026** and conducted by Evaluator Patricia Manalo

COMPLAINT CONTROL NUMBER: 15-AS-20260630120228

ALLEGATION(S):

1	Staff do not safeguard resident's personal belongings
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On 07/09/2026 at 12:35 PM, Licensing Program Analyst (LPA) P. Manalo conducted an initial 10-day
2	complaint visit and delivered the findings on the above allegation. LPA met with Administrator, Divina
3	Fernandez and explained the purpose of the visit.
4	
5	During the course of investigation, LPA interviewed 7 residents and 3 staff members. LPA reviewed and
6	obtained the following documents including but not limited to Resident Roster, Personnel Report
7	(LIC500), Client/ Resident Personal Property and Valuables (LIC621), Admission Agreement, House
8	Rules, and Safeguard Personal Property Policy.
9	
10	Continue to LIC9099-C...
11	
12	
13	

Unsubstantiated	Estimated Days of Completion:
------------------------	--------------------------------------

SUPERVISORS NAME: Yvonne Flores-Larios	
LICENSING EVALUATOR NAME: Patricia Manalo	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/09/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/09/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 4 of 5
Control Number 15-AS-20260630120228

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

FACILITY NAME: LINCOLN VILLA **FACILITY NUMBER:** 019201495
VISIT DATE: 07/09/2026

NARRATIVE	
1	Continued from LIC9099...
2	
3	Allegation: Staff do not safeguard resident's personal belongings.
4	
5	It was alleged that staff do not safeguard resident's personal belongings. Interview with R1 stated that
6	there are some items in R1's room that have been missing such as toiletries and food items. Interview
7	with 5 other residents indicated that some of their personal belongings have been missing before.
8	However, LPA conducted record review and it showed that residents' document of Client/ Resident
9	Personal Property and Valuables (LIC621) indicated that they do not have items listed on it for the
10	facility to safeguard.
11	
12	Based on interviews and record review conducted, the above allegation that staff do not safeguard
13	resident's personal belongings is unsubstantiated . Although the allegation may have happened or is
14	valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur,
15	therefore the allegations are unsubstantiated.
16	
17	There is no deficiency noted.
18	
19	
20	Exit interview was conducted with Administrator, and a copy of this report was provided.
21	

22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	

SUPERVISORS NAME: Yvonne Flores-Larios LICENSING EVALUATOR NAME: Patricia Manalo LICENSING EVALUATOR SIGNATURE:	DATE: 07/09/2026
--	-------------------------

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/09/2026
---	-------------------------