

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 216803606
Report Date: 06/09/2026
Date Signed: 06/09/2026 11:09:15 AM

Unfounded

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SANTA ROSA RO, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 06/01/2026 and conducted by Evaluator Caitlynn Felias

	COMPLAINT CONTROL NUMBER: 21-AS-20260601221435
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FACILITY NAME: LONG LIFE LIVING INC II		FACILITY NUMBER:	216803606
ADMINISTRATOR:CHANG, FAYE		FACILITY TYPE:	740
ADDRESS:	15 PIKES PEAK DRIVE	TELEPHONE:	(415) 472-5876
CITY:	SAN RAFAEL	ZIP CODE:	94903
CAPACITY:	6	DATE:	06/09/2026
		UNANNOUNCED TIME BEGAN:	08:55 AM
MET WITH: Administrator, Justine Herrera		TIME COMPLETED:	09:00 AM

ALLEGATION(S):

1	Lack of staff supervision resulting in resident sustaining a fracture while in care Staff did not address resident's fall risk
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INVESTIGATION FINDINGS:

1	At approximately 8:55AM, Licensing Program Analyst arrived unannounced at the facility met with Administrator, Justine Herrera. The purpose of the visit was to close a complaint investigation regarding the above allegations. Complaint investigation was opened in error under the wrong facility number, as the resident indicated in the complaint report does not reside at this facility address.
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5	Based on record review and observations made, these allegations are Unfounded. A finding of Unfounded means that the allegation is false, could not have happened, and/or is without a reasonable basis.
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9	Exit interview conducted. Copy of report discussed and provided to Administrator. Signature on form confirms receipt of documents.
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Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Victoria Bertozzi	
LICENSING EVALUATOR NAME: Caitlynn Felias	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/09/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/09/2026