

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 216803761
Report Date: 03/10/2026
Date Signed: 03/10/2026 12:38:29 PM

Unsubstantiated

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 **11/05/2025** and conducted by Evaluator Caitlynn Felias

	COMPLAINT CONTROL NUMBER: 21-AS-20251105082237
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FACILITY NAME: GREENWOOD ASSISTED LIVING	FACILITY NUMBER: 216803761
ADMINISTRATOR: JOLLY CARUNGCONG	FACILITY TYPE: 740
ADDRESS: 233 WEST END AVE	TELEPHONE: (415) 258-1560
CITY: SAN RAFAEL	STATE: CA
CAPACITY: 47	ZIP CODE: 94901
	CENSUS: 23
	DATE: 03/10/2026
MET WITH: Administrator, Jolly Carungcong, Executive Director, Frank Nola	UNANNOUNCED TIME BEGAN: 09:05 AM
	TIME COMPLETED: 12:45 PM

ALLEGATION(S):

1	Staff do not answer residents calls for assistance timely
2	Staff do not treat resident with respect
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INVESTIGATION FINDINGS:

1	At approximately 9:05AM, Licensing Program Analyst (LPA) Felias arrived unannounced to deliver findings for a complaint investigation regarding the above allegations and met with Executive Director, Frank Nola, and Care Director, Jolly Carungcong.
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5	During the course of the investigation, the Department conducted interviews, and made observations.
6	The following allegations were investigated, "Staff do not answer residents calls for assistance timely, and
7	Staff do not treat resident with respect." Complaint alleged that a resident called for help but did not receive help from a facility staff member for at least 20 minutes. Complaint also stated that this resident wanted help to use their commode and were told by facility staff to "go in their diaper." Complaint did not provide any additional information on when these incidents occurred or resident names.
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13	It was observed that the facility does have a signal system as required. Facility programs resident call

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Victoria Bertozzi
LICENSING EVALUATOR NAME: Caitlynn Felias
LICENSING EVALUATOR SIGNATURE:

DATE: 03/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/10/2026

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 21-AS-20251105082237

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 (Cont)

FACILITY NAME: GREENWOOD ASSISTED LIVING

FACILITY NUMBER: 216803761

VISIT DATE: 03/10/2026

NARRATIVE

1 Continued from LIC9099

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pendants with a personalized music tone that will play when pressed. Facility staff know which resident is calling based on the music being played. Facility does not have a pendant log system to review response times.

LPA conducted interviews with facility staff and a resident. 5 of 5 facility staff interviews stated that facility staff are to respond to resident pendant calls as soon as possible. Staff interviews revealed that there is no specific protocol or policy for pendant response times. Interviews also revealed that out of 23 residents, there are only 5 or 6 residents that have a call pendant available to press. Interviews with Executive Director and Care Director, stated that it is expected that all facility staff respond to pendant calls as soon as possible and to help any resident that is calling. 4 of 5 staff interviews stated that there are zero residents at the facility that use a bedside commode, while 1 interview stated that there is 1 resident that uses a bedside commode. 5 of 5 staff interviews stated that most of the residents receive help with incontinence care or are taken to the restroom as needed.

Interview conducted with Resident stated that they have observed staff to respond to their pendant button or to other resident pendants or calls for help quickly. Interview with Resident revealed that they have not observed facility staff to speak to them or to other residents at the facility in rude or inappropriate way and stated that the facility staff members treat them with kindness.

Based on interviews conducted and observations made, these allegations are **Unsubstantiated**. A finding that a complaint allegation is **Unsubstantiated** means that although the allegations may have happened or is valid, there is not a preponderance of evidence to prove the alleged violations did or did not occur.

Exit interview conducted. Copy of report discussed and provided to Executive Director and Administrator. Signature on form confirms receipt of documents.

SUPERVISORS NAME: Victoria Bertozzi
LICENSING EVALUATOR NAME: Caitlynn Felias
LICENSING EVALUATOR SIGNATURE:

DATE: 03/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/10/2026