

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 216803982
Report Date: 07/30/2026
Date Signed: 07/30/2026 02:57:38 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 04/29/2026 and conducted by Evaluator Anthony Loera

	COMPLAINT CONTROL NUMBER: 21-AS-20260429140111
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FACILITY NAME:	ANTON POINTE, THE	FACILITY NUMBER:	216803982
ADMINISTRATOR:	ODIWE, CLEDA M.	FACILITY TYPE:	740
ADDRESS:	1470 SOUTH NOVATO BLVD.	TELEPHONE:	(415) 897-1055
CITY:	NOVATO	ZIP CODE:	94947
CAPACITY:	10	DATE:	07/30/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	01:30 PM
	CENSUS: 9	TIME COMPLETED:	03:10 PM
MET WITH:	Staff Member, Merie Odette Saint-Laurent		

ALLEGATION(S):

1	Staff did not meet residents care needs
2	Personal Rights
3	Lack of supervision
4	Staff did not respond to resident's call for assistance in a timely manner
5	Call bells do not work properly
6	Medications not administered as prescribed
7	
8	
9	

INVESTIGATION FINDINGS:

1	On 07/30/2026, Licensing Program Analyst (LPA) Loera conducted an unannounced visit for the purpose
2	of delivering complaint findings. LPA arrived and met with Staff Member, Merie Odette Saint-Laurent.
3	During the course of the investigation, LPA reviewed records, conducted interviews, and made
4	observations.
5	
6	Complaint alleges staff did not meet residents care needs, Personal rights, Lack of supervision, Staff did
7	not respond to resident's call for assistance in a timely manner, Call bells do not work properly, and
8	Medications not administered as prescribed.
9	
10	Reporting Party (RP) alleged staff did not meet resident care needs as staff left resident (R1) in soiled
11	briefs for approximately six hours resulting in a diaper rash. LPA reached out to the nurse for
12	documentation of R1 being left soiled and obtaining a diaper rash. LPA interviewed R1 who did confirm
13	they were left soiled overnight for approximately 5-6 hours. LPA interviewed two other resident who
	stated they have had no issues with staff meeting their care needs and stated staff are responsive. LPA
	did not get a response from the nurse to confirm documentation. There was a lack of evidence to prove
	R1 had been left soiled resulting in a diaper rash.

Unsubstantiated**Estimated Days of Completion:**

SUPERVISORS NAME: Kimberley Mota
LICENSING EVALUATOR NAME: Anthony Loera
LICENSING EVALUATOR SIGNATURE:

DATE: 07/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 07/30/2026

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-20260429140111

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
SANTA ROSA RO, 1450 NEOTOMAS AVENUE,
STE. 100
SANTA ROSA, CA 95405

FACILITY NAME: ANTON POINTE, THE**FACILITY NUMBER:** 216803982**VISIT DATE:** 07/30/2026

NARRATIVE

- 1 RP alleged personal rights violation as they raised concerns regarding staff (S1) behavior that were
2 described as "strict" and "rough". Interview conducted with R1 stated they are always in pain, if you
3 touch them it's going to hurt regardless. R1 stated there was a staff member (S1) who no longer works
4 at the facility, and had a language barrier issue as S1 did not speak English well. R1 stated if S1 was
5 repositioning them and they expressed pain, S1 would say "I'm sorry". R1 stated they do not feel that
6 were abused.
7
- 8 RP alleged lack of supervision as another resident (R2) has dementia and will frequently enter or
9 attempt to enter R1s room and has interfered with care. Interview with R1 stated that R2 has gone into
10 their room and tried to take off their band-aid. R1 stated since R2 has dementia, R2 believes they are a
11 caregiver at the facility. Interview with two out of two staff stated that R2 wanders and tends to wander
12 more at night as R2 forgets where their room is. Staff stated when R2 wanders, they will redirect them
13 back into their room.
14
- 15 RP alleged staff did not respond to resident's call for assistance in a timely manner leaving R1 to be
16 soiled for approximately 6 hours. Interview with R1 stated that sometimes it takes a while for staff to
17 assist them but sometimes staff are quick and overall punctual. R1 stated they had been left soiled for
18 approximately 5-6 hours one time. Interviews conducted with two other residents stated that staff
19 respond to their calls when needing assistance quickly with no delay. Due to conflicting information and
20 lack of documentation there is not sufficient evidence.
21
- 22 RP alleged that R1s call button from their room was not functioning during their visit. On 05/05/2026 LPA
23 observed R1s call button to be working properly and alerted the staff when pressed.
24
- 25 RP alleged medications not administered as prescribed as there were multiple pills missing when R1
26 was first admitted into the facility and facility were unable to provide consistent medication
27 administration records. RP also states when facility did provide documentation of medication being
28 administered, multiple entries appeared to be written in similar handwriting and ink raising concern of
29 accuracy. Review of R1s medication log do appear to be written in similar handwriting and ink. Although
30 entry writing for medications given does appear to be written in similar handwriting and ink, there is not
31 sufficient evidence to say medications were not administered as prescribed. LPA was unable to confirm
32 missing pills as R1 had received a new order of prescribed medication and the old pill container had
been discarded.

Although the allegation may have happened or is valid, there is not a preponderance of evidence to
prove the alleged violation(s) did or did not occur, therefore the allegation is **unsubstantiated**.

SUPERVISORS NAME: Kimberley Mota
LICENSING EVALUATOR NAME: Anthony Loera
LICENSING EVALUATOR SIGNATURE:

DATE: 07/30/2026

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

