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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 216804066
Report Date: 07/23/2026
Date Signed: 07/23/2026 04:37:26 PM

Substantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **04/23/2026** and conducted by Evaluator Anthony Loera

	COMPLAINT CONTROL NUMBER: 21-AS-20260423140001

FACILITY NAME:	BLUFFS AT HAMILTON HILL, THE		**FACILITY NUMBER:**	216804066
ADMINISTRATOR:	RIVERA, MELON		**FACILITY TYPE:**	740
ADDRESS:	1 HAMILTON HILL DRIVE		**TELEPHONE:**	(415) 889-8026
CITY:	NOVATO	**STATE:** CA	**ZIP CODE:**	94949
CAPACITY:	95	**CENSUS:** 86	**DATE:**	07/23/2026
		UNANNOUNCED	**TIME BEGAN:**	09:30 AM
MET WITH:	Executive Director, Corey Cruppi		**TIME COMPLETED:**	04:50 PM

ALLEGATION(S):

1	Staff did not respond to resident's call for assistance in a timely manner
2	
3	Staff did not provide proper medication assistance to residents in care
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INVESTIGATION FINDINGS:

1	On 07/23/2026, Licensing Program Analyst (LPA) Loera conducted an unannounced visit for the purpose
2	of delivering complaint findings regarding the above allegations. LPA arrived and met with Executive
3	Director, Corey Cruppi. During the investigation, LPA conducted interviews, reviewed documents and
4	made observations.
5	
6	Complaint alleges staff did not respond to resident’s call for assistance in a timely manner. Facility was
7	previously cited for regulation 1569.269(a)(6) on 12/30/2025, however review of alarm response reports
8	on the following dates 4/14/2026 and 4/24/2026 show that residents (R1, R2, and R3) had to wait
9	approximately 2 – 4.5 hours for assistance. *civil penalty in the amount of $250 is being assessed for
10	repeat violation in a 12 month period*
11	
12	Complaint alleges staff did not provide medication assistance to residents in care. Review of residents
13	(R4) MARs record shows a blank box with no staff initials on the following dates, 06/05, 06/06, 06/13, 06/14, 06/26, 06/27 at 4:00pm and 8:00pm indicating that medication was not given. Per R4s MARs record shows that R4 is supposed to take 0.125 of morphine every 4 hours for pain. Review of residents (R5) MARs record shows on 06/20 (Saturday) and 06/24 (Wednesday) , R5 did not receive their

medication as no staff initials were marked, leaving the box blank indicating medication was not given. R5 is to take one tablet Monday, Wednesday, and Saturday.

Based on LPAs observations and record review(s), the preponderance of evidence standard has been met, therefore the above allegations are found to be SUBSTANTIATED. California Code of Regulations, Division 6, Chapter1 is being cited on the attached LIC 9099D. Appeal rights given.

Substantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Kimberley Mota
LICENSING EVALUATOR NAME: Anthony Loera
LICENSING EVALUATOR SIGNATURE:
DATE: 07/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/23/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Control Number 21-AS-20260423140001

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: BLUFFS AT HAMILTON HILL, THE **FACILITY NUMBER:** 216804066
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 07/23/2026

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 08/07/2026 **Section Cited** HSC 1569.269(a)(6)	1 2 3 4 5 6 7	§1569.269 Enumerated rights... (a)Residents...shall have all of the following rights:(6) To care, supervision, and services that meet their individual needs...delivered by staff that are sufficient in numbers, qualifications, and competency to meet their needs. This requirement was not met by.....	1 2 3 4 5 6 7	Licensee shall conduct training for all care staff on how residents pendant calls will be responded to in a timely manner and shall submit proof of completed training for all staff to Community Care Licensing (CCL) by 08/07/2026.
	8 9 10 11 12 13 14	....licensee as evidenced by: Based on LPA record review of facility's pendant call button system log, R1, R2, and R3s response time for assistance was between 2 - 4.5 hours, which poses a potentional risk to the health and safety of residents in care. *civil penalty in the amount of $250 is being assessed for repeat violation*	8 9 10 11 12 13 14	
Type B 08/24/2026 **Section Cited** HSC 87465(a)(4)	1 2 3 4 5 6 7	87465 Incidental Medical and Dental Care (a) A plan for incidental medical and dental care shall be developed by each facility. The plan shall encourage routine medical and dental care and provide for assistance in obtaining such care, by compliance with the following:	1 2 3 4 5 6 7	Licensee shall conduct training on medication management for all medication technicians. Proof of completed training shall be submitted to Community Care Licensing (CCL) by 08/24/2026.
	8 9 10 11 12 13 14	(4) The licensee shall assist residents with self-administered medications as needed. This requirement was not met as evidence by: Based on record review, R4 and R5 did not receive their mediciation, which poses a potentional risk to the health and safety of residents in care.	8 9 10 11 12 13 14	

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: Kimberley Mota
LICENSING EVALUATOR NAME: Anthony Loera
LICENSING EVALUATOR SIGNATURE:
DATE: 07/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/23/2026