

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 277209489

Report Date: 11/26/2025

Date Signed: 11/26/2025 09:03:34 PM

### Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SIERRA CASCADE AC/SC, 1314 E SHAW AVE FRESNO, CA 93710
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/22/2025** and conducted by Evaluator Vadim Gorban

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 24-AS-20250822153020</b>
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<b>FACILITY NAME:</b> COTTAGES OF CARMEL	<b>FACILITY NUMBER:</b> 277209489
<b>ADMINISTRATOR:</b> ESTRELLADO, JULE MAY	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 26245 CARMEL RANCHO BLVD.	<b>TELEPHONE:</b> (831) 620-1800
<b>CITY:</b> CARMEL	<b>STATE:</b> CA
<b>CAPACITY:</b> 78	<b>ZIP CODE:</b> 93923
	<b>CENSUS:</b> 56
	<b>DATE:</b> 11/26/2025
	<b>UNANNOUNCED TIME BEGAN:</b> 08:56 AM
<b>MET WITH:</b> Health services director Lillian Russell	<b>TIME COMPLETED:</b> 11:15 AM

### ALLEGATION(S):

1	Staff are not properly addressing resident's pressure injuries
2	Staff are not meeting resident's incontinence needs
3	Staff are not providing quality food service to residents
4	Staff do not respond to residents calls for help
5	
6	
7	
8	
9	

### INVESTIGATION FINDINGS:

1	On 11/26/2025, Licensing Program Analyst (LPA) V Gorban conducted subsequent complaint inspection.
2	LPA met with HSD. The purpose of this visit is to deliver the findings of the investigation completed by the
3	Department.
4	
5	During the visit, LPA conducted a tour of the facility, interior and exterior to ensure there is no potential or
6	immediate health and safety risk at the facility.
7	
8	Allegation: Staff are not properly addressing resident's pressure injuries. Based on records review no
9	pressure injuries observed, reported or documented. Although the allegation may have happened or is
10	valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur,
11	therefore the allegation is unsubstantiated.
12	
13	Report continues on attached LIC9099-C

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Brenda Chan

LICENSING EVALUATOR NAME: Vadim Gorban  
LICENSING EVALUATOR SIGNATURE:

DATE: 11/26/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/26/2025

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 4

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
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COMPLAINT CONTROL NUMBER: 24-AS-20250822153020

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FACILITY TYPE: 740

ADDRESS: 26245 CARMEL RANCHO BLVD.

TELEPHONE: (831) 620-1800

CITY: CARMEL

STATE: CA

ZIP CODE: 93923

CAPACITY: 78

CENSUS: 56

DATE: 11/26/2025

MET WITH: Health services director Lillian Russell

UNANNOUNCED TIME BEGAN: 08:56 AM

TIME COMPLETED: 11:15 AM

### ALLEGATION(S):

- |   |   |
|---|---|
| 1 | Staff does not ensure resident's room is kept clean |
| 2 |   |
| 3 |   |
| 4 |   |
| 5 |   |
| 6 |   |
| 7 |   |
| 8 |   |
| 9 |   |

### INVESTIGATION FINDINGS:

- |    |  |
|----|--|
| 1  | On 11/26/2025, Licensing Program Analyst (LPA) V Gorban conducted subsequent complaint inspection.               |
| 2  | LPA met with HSD. The purpose of this visit is to deliver the findings of the investigation completed by the     |
| 3  | Department.  |
| 4  | During the visit, LPA conducted a tour of the facility, interior and exterior to ensure there is no potential or |
| 5  | immediate health and safety risk at the facility.  |
| 6  | Allegation: Staff does not ensure resident's room is kept clean. Based on records review resident's (R1)         |
| 7  | room appear dirty with feces all over the room floor. Interviews conducted stated that the resident's room       |
| 8  | had a strong smell of feces and urine stains on the carpet as well. The preponderance of evidence                |
| 9  | standard has been met; therefore the above allegation is found to be SUBSTANTIATED. California Code              |
| 10 | of Regulations, (Title 22, Division & Chapter number), are being cited on the attached LIC 9099D                 |
| 11 |  |
| 12 | Exit interview conducted, report signed and copy of this report with appeal rights provided to HSD for           |
| 13 | facility records.  |

**Substantiated**

Estimated Days of Completion:

SUPERVISORS NAME: Brenda Chan

LICENSING EVALUATOR NAME: Vadim Gorban

LICENSING EVALUATOR SIGNATURE:

DATE: 11/26/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/26/2025

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

**Control Number 24-AS-20250822153020**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  
**COMPLAINT INVESTIGATION REPORT  
 (Cont)**

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
 COMMUNITY CARE LICENSING DIVISION  
 SIERRA CASCADE AC/SC, 1314 E SHAW AVE  
 FRESNO, CA 93710

**FACILITY NAME:** COTTAGES OF CARMEL

**FACILITY NUMBER:** 277209489

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 11/26/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 12/01/2025 Section Cited CCR 87303(a)	1 87303 Maintenance and Operation. a) 2 The facility shall be clean, safe, sanitary 3 and in good repair at all times. 4 Maintenance shall include provision of 5 maintenance services and procedures 6 for the safety and well-being of 7 residents, employees and visitors. This requirement was not observed as evidenced by:	1 The facility administrator will provide 2 Licensing office plan of correction by 3 POC due date (12/01/2025) describing 4 (in formal letter) the measure taken to 5 ensure regulation followed. 6 7
	8 The facility staff failed to ensure to 9 follow title 22 regulation regarding 10 facility cleanness, which poses potential 11 health and safety to persons in care. 12 13 14	
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 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.**

**SUPERVISORS NAME:** Brenda Chan  
**LICENSING EVALUATOR NAME:** Vadim Gorban  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_  
**DATE:** 11/26/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_  
**DATE:** 11/26/2025

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**FACILITY NAME:** COTTAGES OF CARMEL

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**VISIT DATE:** 11/26/2025

**NARRATIVE**

1 Allegation: Staff are not meeting resident's incontinence needs. Based on staff  
 2 interviews, residents are checked every two hours. Based on observation skin is

3 intact and no redness or skin breakdown observed. Although the allegation may  
4 have happened or is valid, there is not a preponderance of evidence to prove the  
5 alleged violation did or did not occur, therefore the allegation is unsubstantiated.  
6

7  
8 Allegation: Staff are not providing quality food service to residents. Based on  
9 observations during facility visits, food were observed to be stored according to  
10 regulation standards. The facility employs CA certified nutritionist/ dietitian. No  
11 concerns from residents were reported based on interviews conducted. Although the  
12 allegation may have happened or is valid, there is not a preponderance of evidence  
13 to prove the alleged violation did or did not occur, therefore the allegation is  
14 unsubstantiated.  
15

16  
17 Allegation: Staff do not respond to residents' calls for help. Based on interviews and  
18 records reviewed, facility employs three staff members per shift that provide care  
19 only for memory care section of the facility. Each resident room is equipped with call  
20 light system that is observed operational. Although the allegation may have  
21 happened or is valid, there is not a preponderance of evidence to prove the alleged  
22 violation did or did not occur, therefore the allegation is unsubstantiated.  
23  
24

25  
26 Report continues on attached LIC9099-A  
27  
28  
29  
30  
31  
32

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