

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 392700729

Report Date: 12/12/2025

Date Signed: 12/12/2025 01:40:32 PM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/08/2025** and conducted by Evaluator Noel Wolf Petersen

	COMPLAINT CONTROL NUMBER: 27-AS-20251208105831
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FACILITY NAME: YANNICA GUEST HOME	FACILITY NUMBER: 392700729
ADMINISTRATOR: OBTINALLA, MICHELL	FACILITY TYPE: 740
ADDRESS: 2329 DIAMOND OAKS STREET	TELEPHONE: (209) 565-5873
CITY: STOCKTON	ZIP CODE: 95206
CAPACITY: 6	DATE: 12/12/2025
MET WITH: Maxima Martine	UNANNOUNCED TIME BEGAN: 12:15 PM
	TIME COMPLETED: 01:45 PM

ALLEGATION(S):

1	Staff does not accord resident privacy.
2	Staff is posting videos of residents on social media without resident's consent.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst Noel Wolf Petersen arrived unannounced on 12/12/25 at 12:00pm to conduct a complaint investigation into the above allegations. LPA met with administrator, Maxima Martine
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4	LPA asked to review the admission agreement and any attached consents signed at admission. There are videos posted to the Facebook platform by facility staff featuring the facility and two residents for which have the residents have not signed consents to participate in. Administrator Provided there was not a consent form for publishing video of the care home or its residents in the admission agreement, and was aware of the videos and asked for the staff involved to stop.
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10	Based on LPAs observations and interviews which were conducted and record review, the preponderance of evidence standard has been met, therefore the above allegation(s) is found to be
11	SUBSTANTIATED. 2 citations from the California Code of Regulations, are being cited on the attached
12	LIC 9099D.
13	
	A copy of the report was read and given to staff. Appeal rights Provided, and exit interview was conducted.

SUPERVISORS NAME: Liza King
LICENSING EVALUATOR NAME: Noel Wolf Petersen
LICENSING EVALUATOR SIGNATURE:

DATE: 12/12/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/12/2025

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 27-AS-20251208105831

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100
SACRAMENTO, CA 95827

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: YANNICA GUEST HOME

FACILITY NUMBER: 392700729

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 12/12/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 12/15/2025 Section Cited CCR 87468.2(a)(1)	<p>1 87468.2 Additional Personal Rights of Residents in Privately Operated Facilities (a) In addition to the rights listed in Section 87468.1, Personal Rights of Residents in All Facilities, residents in privately operated residential care facilities for the elderly shall have all of the following personal rights:</p> <p>2</p> <p>3</p> <p>4</p> <p>5 (1) To have a reasonable level of personal privacy in accommodations...</p> <p>6</p> <p>7</p>	<p>1 Administrator asked the staff to stop and take down any videos where clients or thier personal information are present by the POC date.</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>
	<p>8 This requirement was not met as evidenced by: record review and</p> <p>9 interview where it was learned staff</p> <p>10 making videos featuring the residents</p> <p>11 and posting to a public platform without</p> <p>12 the residents consent.</p> <p>13 This poses an immediate risk to the</p> <p>14 personal rights of the clients in care.</p>	<p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p>
Type B 12/19/2025 Section Cited CCR 80068(f)	<p>1 80068 Admission Agreements (f)</p> <p>2 Modifications to the original agreement</p> <p>3 shall be made whenever circumstances</p> <p>4 covered in the agreement change, and</p> <p>5 shall be dated and signed by the</p> <p>6 persons specified in (c) above.</p> <p>7</p>	<p>1 Administrator will commit to either</p> <p>2 revising the admission agreement to</p> <p>3 include a consent to video recording</p> <p>4 residents for commercial purposes or</p> <p>5 enforce a ban of the practice. LPA will</p> <p>6 be informed of the decision by the POC</p> <p>7 date and be sent a copy of the updated house rules or consent form.</p>
	<p>8 This requirement was not met as</p> <p>9 evidenced by: record review and</p> <p>10 interview where a consent to be have</p> <p>11 video taken for comercial purposes was</p> <p>12 not in the admission agreement.</p> <p>13 This posed a potential risk to the</p> <p>14 personal rights of the clients in care.</p>	<p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p>

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: Liza King
LICENSING EVALUATOR NAME: Noel Wolf Petersen

LICENSING EVALUATOR SIGNATURE:

DATE: 12/12/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/12/2025