

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 397003261
Report Date: 09/16/2025
Date Signed: 09/18/2025 02:34:47 PM

Unsubstantiated

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 **06/26/2025** and conducted by Evaluator Arielle Pascua

PUBLIC	COMPLAINT CONTROL NUMBER: 27-AS-20250626082918
---------------	---

FACILITY NAME: BROOKDALE TRACY	FACILITY NUMBER: 397003261
ADMINISTRATOR: PRIYA LAL	FACILITY TYPE: 740
ADDRESS: 355 W GRANT LINE RD	TELEPHONE: (209) 835-1000
CITY: TRACY	STATE: CA
CAPACITY: 180	ZIP CODE: 95376
MET WITH: Priya Lal	CENSUS: 112
	DATE: 09/16/2025
	UNANNOUNCED TIME BEGAN: 12:24 PM
	TIME COMPLETED: 01:30 PM

ALLEGATION(S):

1	Staff did not provide a written notice to resident or resident's authorized representative prior to increasing
2	the resident's facility fees
3	Staff did not provide assistance to resident in care in a timely manner
4	Staff did not provide contracted services to resident in care due to lack of staffing
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On 09/16/2025, Licensing Program Analyst (LPA) Arielle Pascua arrived unannounced to this facility to
2	conduct a complaint visit. LPA met with Facility Designated Administrator (FDA), Priya Lal and explained
3	the purpose of the visit. The purpose of this visit was to deliver complaint findings for the allegations
4	above.
5	
6	Current census was 112. A brief interview with FDA Lal was conducted,
7	Allegation: Staff did not provide written notice to resident or resident's authorized representative prior to
8	increasing the resident's facility fees
9	
10	It was alleged that staff did not provide written notice to resident or resident's authorized representative
11	prior to increasing the resident's facility fees. During the course of this investigation, the department
12	conducted interviews and reviewed records. Based on interviews, it was determined that Resident 1 (R1)
13	had four Personal Service Plans updated on 11/03/2024, 12/19/2024, 04/08/2025, and 05/01/2025.

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Lisa Rios
NAME OF LICENSING PROGRAM ANALYST: Arielle Pascua
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/16/2025

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 3

Control Number 27-AS-20250626082918

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: BROOKDALE TRACY

FACILITY NUMBER: 397003261

VISIT DATE: 09/16/2025

NARRATIVE

- 1 Management initiated updates after identifying that R1 required additional services to meet their needs.
- 2 Documentation confirms that R1 refused to sign the updated Personal Service Plans dated 04/08/2025
- 3 and 05/01/2025. Additionally, records indicate that R1 did not want any other parties involved in their
- 4 care. Based on the information gathered, there is insufficient evidence to show that the staff did not
- 5 provide a written notice to the resident or the resident's authorized representative prior to increasing the
- 6 resident's facility fees.
- 7
- 8 Allegation: Staff did not provide assistance to resident in care in a timely manner.
- 9
- 10 It was alleged that staff did not provide assistance to resident in care in a timely manner. During the
- 11 course of this investigation the department conducted interviews and reviewed records. Interviews
- 12 revealed that facility staff frequently attempted to assist the resident with personal care; however, the
- 13 resident often declined help, stating they did not need assistance and would contact staff if necessary.
- 14 Staff also reported that the resident frequently refused care, but was capable of contacting emergency
- 15 services when needed. A review of the facility's daily notes confirmed that staff routinely checked on the
- 16 resident as needed and throughout the day. Records also indicate that the resident consistently contacts
- 17 emergency services and that the facility does not obstruct these services or intervene when the resident
- 18 chooses to call them. Based on the information gathered, there is insufficient evidence to prove that staff
- 19 did not provide assistance to resident in care in a timely manner.
- 20
- 21 Allegation: Staff did not provide contracted services to resident in care due to lack of staffing.
- 22
- 23 It was alleged that staff did not provide contract services to resident in care due to lack of staffing.
- 24 During the course of this investigation, the department conducted interviews and reviewed facility
- 25 records. Interviews revealed that facility staff regularly attempted to assist the resident with personal
- 26 care; however, the resident frequently declined, stating they did not need help and would call staff if
- 27 necessary. Staff also reported that the resident often refused care but was capable of contacting
- 28 emergency services independently when needed. A review of the facility's daily notes confirmed that
- 29 staff checked on the resident as needed and throughout the day. Records further show that the resident
- 30 consistently contacted emergency services, and that the facility neither obstructed access to these
- 31 services nor intervened when the resident made such calls.
- 32

NAME OF LICENSING PROGRAM MANAGER: Lisa Rios
NAME OF LICENSING PROGRAM ANALYST: Arielle Pascua
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/16/2025

LIC9099 (FAS) - (06/04)

Page: 2 of 3

Control Number 27-AS-20250626082918

**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** BROOKDALE TRACY**FACILITY NUMBER:** 397003261**VISIT DATE:** 09/16/2025**NARRATIVE**

1 Additionally, interviews with other residents indicated general satisfaction with the facility and the
 2 services provided. A review of staffing records confirmed that the facility currently maintains sufficient
 3 staffing levels to meet residents' needs.
 4
 5 Based on the information gathered, there is insufficient evidence to prove that staff did not provide
 6 contracted services to resident in care due to lack of staffing.
 7
 8 As a result of this investigation, this Department found the allegations to be UNSUBSTANTIATED. A
 9 complaint allegation finding of Unsubstantiated meant that although the allegations may have happened
 10 or was valid, there was not a preponderance of the evidence to prove that the alleged violation occurred.
 11
 12 There were no deficiencies observed or cited at this time. An exit interview was conducted, a copy of the
 13 9099 and 9099-C was provided to the facility at the end of this visit.
 14
 15
 16
 17
 18
 19
 20
 21
 22
 23
 24
 25
 26
 27
 28
 29
 30
 31
 32

NAME OF LICENSING PROGRAM MANAGER: Lisa Rios**NAME OF LICENSING PROGRAM ANALYST:** Arielle Pascua**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 09/16/2025**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 09/16/2025