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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 405850010
Report Date: 08/25/2026
Date Signed: 08/25/2026 12:59:54 PM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/19/2026** and conducted by Evaluator Garrett Haner-Tomasko

	COMPLAINT CONTROL NUMBER: 29-AS-20260819205105

FACILITY NAME:	CRESTON VILLAGE ASSISTED LIVING AND MEMORY CARE			**FACILITY NUMBER:**	405850010
ADMINISTRATOR:	ADAM BRAMWELL			**FACILITY TYPE:**	740
ADDRESS:	1919 CRESTON ROAD			**TELEPHONE:**	(805) 239-1313
CITY:	PASO ROBLES	**STATE:** CA		**ZIP CODE:**	93446
CAPACITY:	130	**CENSUS:**	UNANNOUNCED	**DATE:**	08/25/2026
				TIME BEGAN:	09:20 AM
MET WITH:	Business Office Director - Emma Perry			**TIME COMPLETED:**	01:15 PM

ALLEGATION(S):

1	Staff falsify records
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INVESTIGATION FINDINGS:

1	At 9:20am, on 8/25/2026 Licensing Program Analyst (LPA) Haner-Tomasko arrived at the facility
2	unannounced to investigate the allegation of this complaint. LPA met with the Business Office Director
3	Emma Perry, announced who he was and the reason for the visit. Administrator Adam Bramwell was not
4	available due to being away for coorporate training.
5	
6	During today's visit LPA conducted interviews and reviewed records.
7	
8	On the allegation, staff falsify records; it was alleged that the facility is using the signature of Person #1
9	(P1), a former employee, to obtain physician orders.
10	
11	Interviews and record review reveal P1 was employed as the Health and Wellness Director with their last
12	date of employment at the facility as 4/18/2026.
13	(Continued on LIC9099-C)

Substantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Kelly Burley
LICENSING EVALUATOR NAME: Garrett Haner-Tomasko
LICENSING EVALUATOR SIGNATURE:
DATE: 08/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/25/2026

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

FACILITY NAME: CRESTON VILLAGE ASSISTED LIVING AND MEMORY CARE **FACILITY NUMBER:** 405850010

VISIT DATE: 08/25/2026

NARRATIVE

Staff interviews revealed that prior to admission the Sales Director provides a packet to the prospective resident's family and/or primary care physician. The packet includes a cover sheet, Physician's Report (LIC602A), resident orders, PRN authorization, orders for special diet, and a California Physician Orders for Life Sustaining Treatment (CA POLST). The cover sheet is one (1) page, lists the requested documents, and at the bottom of the page has a line for the names of both the Health and Wellness Director and Executive Director. LPA review of select resident records that have moved into the facility after P1's last day and the original digital copy of the cover sheet on the Sales Director's company computer have a digital signature of P1's name and nursing degree of LVN above the line titled Health and Wellness Director. Above the line titled Executive Director in typed font is Adam Bramwell; Adam is the facilities designated Administrator as well. The PRN authorization page has fields for facility staff to complete requesting the form be completed by a physician. The fields include a signature and the staffs title. LPA review of select resident records that have moved into the facility after P1's last day and the original digital copy of the PRN authorization form on the Sales Director's company computer have a digital signature of P1's name and nursing degree of LVN in the signature field and Health and Wellness Director in the title field.

Interviews revealed that the Sales Director updates the digital signature on these forms when a new Health and Wellness Director is hired using PDF editing software. Staff stated they did not ask P1 for permission to place their digital signature on the form when they were updated but they recall verbally notifying P1 later that it was added and that P1 was responsible for reviewing the forms during their time at the facility. According to interviews P1's name has not been removed since they left the facility because a new Health and Wellness Director has not been hired. Interviews and records indicate the facility has not hired a new Health and Wellness Director since P1 left and is still actively trying to fill the position. On 5/13/2026 the facility hired a Health and Wellness Coordinator who is a licensed vocational nurse.

Staff stated that when the forms are received completed by a physician they are provided to the Executive Director/Administrator Adam Bramwell and Sangeeta Devi the Regional Vice President of Health and Wellness, who is a licensed vocational nurse, for review to determine if the facility can meet the needs of the potential resident. If the resident's admission is approved these forms are provided currently to the Health and Wellness Coordinator to place in the resident's paper file. The Regional Vice President of Health and Wellness states, "I do not always receive the cover sheet or PRN authorization form for review. I mostly focus on reviewing the LIC602."

(Continued on LIC9099-C)

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DATE: 08/25/2026

FACILITY NAME: CRESTON VILLAGE ASSISTED LIVING AND MEMORY CARE

FACILITY NUMBER: 405850010

VISIT DATE: 08/25/2026

NARRATIVE

Record review reveals at least thirteen (13) residents currently residing in the facility were admitted after P1 left on 4/18/2026. Staff interviews revealed the forms with P1's digital signature have been used for every admission during the four (4) months P1 has not worked at the facility.

Although the staff may not have had ill intent by leaving P1's digital signature on the forms, it is a misleading representation to the public of the staff currently employed at the facility having nursing certification. Additionally, this was not addressed during review of these documents by the Executive Director/Administrator, Regional Vice President of Health and Wellness, and the Health and Wellness Coordinator.

Exit interview conducted, deficiency cited on LIC9099-D page, report signed, appeal rights and report provided to the Business Office Director.

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Control Number 29-AS-20260819205105

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250
WOODLAND HILLS, CA 91364

FACILITY NAME: CRESTON VILLAGE ASSISTED LIVING AND MEMORY CARE

FACILITY NUMBER: 405850010

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/25/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 09/08/2026	1 2 False Claims - No licensee, officer or employee of a licensee shall make or	1 2 Regional VP Health and Wellness Director states they will work with the

Section Cited CCR 87207	3 4 5 6 7	disseminate any false or misleading statement regarding the facility or any of the services provided by the facility. This requirement was not met as evidenced by:	3 4 5 6 7	Administrator to create a written plan to ensure updated forms are used and the use of former employees identification is not used to conduct company business. The plan and updated forms will be emailed to LPA on or before 9/8/2026.
	8 9 10 11 12 13 14	Based on observation, interview, and record review, the licensee did not comply when they mislead the public by using a former employee's digital signature and nursing certification on forms which poses a potential health, safety, and personal rights risk to persons in care.	8 9 10 11 12 13 14	Business Office Director present for creation of this POC.
	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.

SUPERVISOR'S NAME: Kelly Burley
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