

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# COMPLAINT INVESTIGATION REPORT

Facility Number: 415600874  
Report Date: 03/13/2025  
Date Signed: 03/13/2025 09:16:03 AM

**Unfounded**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BRUNO RO, 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **11/25/2024** and conducted by Evaluator John Calandra

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 14-AS-20241125122455</b>
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<b>FACILITY NAME:</b> BROOKDALE REDWOOD CITY	<b>FACILITY NUMBER:</b> 415600874
<b>ADMINISTRATOR:</b> MONICA CERON TAPIA	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 485 WOODSIDE RD	<b>TELEPHONE:</b> (650) 366-3900
<b>CITY:</b> REDWOOD CITY	<b>ZIP CODE:</b> 94061
<b>CAPACITY:</b> 130	<b>DATE:</b> 03/13/2025
<b>MET WITH:</b> Monica Ceron-Tapia, Executive Director	<b>UNANNOUNCED TIME BEGAN:</b> 08:54 AM
	<b>TIME COMPLETED:</b> 09:15 AM

**ALLEGATION(S):**

1	Staff did not prevent facility from having pest.
2	Facility is malodorous.
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**INVESTIGATION FINDINGS:**

1	On 3/13/2025, Licensing Program Analyst (LPA) John Calandra met with Monica Ceron-Tapia, Executive
2	Director for this conclusionary complaint inspection. On 11/27/2024, LPA conducted initial complaint
3	inspection. Information gathered indicated the allegations may have occurred in an area not licensed by
4	our agency.
5	
6	LPA Calandra later gathered more information regarding the above allegations regarding physical plant
7	concerns in the facility. The resident (R1) in this complaint no longer resides at the facility. LPA Calandra
8	has been unable to get any further information. Based on information from facility, it was determined R1
9	resided in a portion of the facility not licensed by our agency.
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<b>Unfounded</b>	<b>Estimated Days of Completion:</b>
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**NAME OF LICENSING PROGRAM MANAGER:** Andrea Medlin  
**NAME OF LICENSING PROGRAM ANALYST:** John Calandra  
**LICENSING PROGRAM ANALYST SIGNATURE:** \_\_\_\_\_ **DATE:** 03/13/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_ **DATE:** 03/13/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.  
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**Control Number** 14-AS-20241125122455

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

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
SAN BRUNO RO, 851 TRAEGER AVE., SUITE 360  
SAN BRUNO, CA 94066

**FACILITY NAME:** BROOKDALE REDWOOD CITY **FACILITY NUMBER:** 415600874  
**VISIT DATE:** 03/13/2025

**NARRATIVE**

1	Since the allegations are alleged to have occurred in areas our agency has no jurisdiction or inspection
2	authority over, these allegations are determined to be unfounded due to being unable to investigate
3	because of no inspection authority.
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5	The Department has investigated the complaint allegations of possible physical plant violations. It was
6	determined the allegations are unfounded, meaning the allegations are false, could not have happened
7	and/or is without a reasonable basis and therefore dismissed.
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9	This report is reviewed and discussed with facility representative and exit interview conducted.
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