

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 415600980
Report Date: 08/05/2026
Date Signed: 08/05/2026 02:05:35 PM

Unsubstantiated

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 05/06/2026 and conducted by Evaluator Murial Han

PUBLIC		COMPLAINT CONTROL NUMBER: 14-AS-20260506164928	
FACILITY NAME: ATRIA AT FOSTER SQUARE		FACILITY NUMBER:	415600980
ADMINISTRATOR: FREDDIE FULLON		FACILITY TYPE:	740
ADDRESS: 707 THAYER LN		TELEPHONE:	(650) 532-2460
CITY: FOSTER CITY		ZIP CODE:	94404
CAPACITY: 216		DATE:	08/05/2026
		UNANNOUNCED TIME BEGAN:	12:40 PM
MET WITH: Administrator, Freddie Fullon		TIME COMPLETED:	02:16 PM

ALLEGATION(S):

1	Staff retained a resident whose needs could not be met at the facility
2	Staff charged a resident additional fees for care not provided by facility staff
3	Staff are not following admission agreement
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INVESTIGATION FINDINGS:

1	On August 5, 2026, Licensing Program Analyst (LPA) Murial Han conducted an unannounced visit to deliver the complaint investigation finding. LPA met with the administrator and explained the purpose of today's visit.
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5	Regarding allegation of staff retained a resident whose needs could not be met at the facility, the reporting party stated that resident #1 (R1) lived at the facility for two years and in 2/2026, R1 had a change of health condition resulting in hospitalization. The reporting party stated that upon R2's hospital discharge, the facility accepted R2 back to the facility knowing R2 required two-person assistance, home health services and other care that should have been provided by skilled medical professionals in a skill nursing facility.
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12	As part of the investigation, LPA interviewed the administrator and reviewed documents.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: April Cowan

LICENSING EVALUATOR NAME: Murial Han	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/05/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/05/2026

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 14-AS-20260506164928

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: ATRIA AT FOSTER SQUARE **FACILITY NUMBER:** 415600980
VISIT DATE: 08/05/2026

NARRATIVE	
1	The administrator denied the allegation and stated that before R1 returned to the facility, the facility
2	conducted a preplacement appraisal that revealed R1 required two-person assistance and increased in
3	care needs. The administrator stated that the outcome of the preplacement appraisal was discussed
4	with the responsible party who wanted R1 return to the facility. Therefore, R1's plan of care was
5	discussed with the responsible party and R1 returned with home health and a private duty caregiver.
6	
7	Based on documents provided, LPA observed a written communication between R1's responsible party
8	and the facility directors explaining the care that R1 would required upon returning to the facility after the
9	hospitalization.
10	
11	Based on R1's physician's order/LIC602 dated 2/11/2026, the facility readmitted R1 with an ambulatory
12	status that was within the facility's fire clearance.
13	
14	After the investigation, this allegation is deemed to be unsubstantiated as prior to R1's return, the facility
15	conducted a preplacement appraisal and communicated in writing with R1's responsible party of R1's
16	care needs. In addition, the facility readmitted R1 whose ambulatory status was within the facility's fire
17	clearance.
18	
19	Regarding the allegation of – staff charged a resident additional fee for care not provided by facility staff,
20	the reporting party stated that because the facility accepted R1 back into the facility inappropriately, R1
21	spent 13 days lying in a bed instead of getting rehabilitative therapy and occupational therapy.
22	
23	
24	The administrator denied the allegation and stated that R1 received therapy services from a home
25	health agency with a schedule that was developed by the therapists. In addition, the administrator stated
26	that R1's care needs were developed based on R1's needs and all the tasks were completed.
27	
28	Based on the documentation of R1's Resident Monthly Completed Tasks by Resident, it revealed that
29	the facility staff members completed activities/tasks such as Activities of Daily Living, resident hourly
30	overnight checks, incontinent care, and etc.
31	
32	After the investigation, this allegation is deemed to be unsubstantiated.

SUPERVISORS NAME: April Cowan	
LICENSING EVALUATOR NAME: Murial Han	
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LIC9099 (FAS) - (06/04) Page: 2 of 3
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COMPLAINT INVESTIGATION REPORT (Cont)	

NARRATIVE	
1	Regarding the allegation of – staff are not following admission agreement, the reporting party stated that
2	the facility admission agreement stipulates that a resident would not be accepted back into care if a
3	resident required 24/7 care or two person assist.
4	
5	As part of the investigation, LPA interviewed the administrator, reviewed R1’s physician’s order upon
6	hospital discharge, and reviewed R1’s admission agreement.
7	
8	According to the administrator, the facility accepted and retained R1 back into the facility knowing that
9	R1 required two person assistance because R1’s responsible party requested for R1 to return, R1
10	resided at the facility for two years and the facility was R1’s home. In addition, the administrator stated
11	that R1 was deconditioned due to change of health condition so they were hoping the increase in care
12	was temporary due to hospitalization.
13	
14	Based on the physician’s order, R1 did not required 24/7 nursing care. Therefore, R1 returned to the
15	facility.
16	
17	Base on record review and interviews during the course of investigation, this allegation is deemed to be
18	unsubstantiated.
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21	Although the above investigations may have happened or are valid, there is not a preponderance of
22	evidence to prove the alleged violations did or did not occur, therefore the allegation is
23	UNSUBSTANTIATED.
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25	This report is reviewed and discussed with the administrator and a copy is provided.
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SUPERVISORS NAME: April Cowan	
LICENSING EVALUATOR NAME: Murial Han	
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