

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 415601052
Report Date: 04/30/2026
Date Signed: 04/30/2026 02:14:20 PM

Substantiated

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 **03/24/2026** and conducted by Evaluator Komal Curley

PUBLIC	COMPLAINT CONTROL NUMBER: 14-AS-20260324084907
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FACILITY NAME:	SILVER OAKS	FACILITY NUMBER:	415601052
ADMINISTRATOR:	RILEY TUCKER	FACILITY TYPE:	740
ADDRESS:	16 COLEMAN PLACE	TELEPHONE:	(650) 322-2022
CITY:	MENLO PARK	STATE:	CA
CAPACITY:	43	ZIP CODE:	94025
		CENSUS:	38
		DATE:	04/30/2026
		UNANNOUNCED TIME BEGAN:	12:00 PM
MET WITH:	Acting Administrator, Nick Catalano	TIME COMPLETED:	02:30 PM

ALLEGATION(S):

1	Staff did not provide resident's records to authorized representative
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INVESTIGATION FINDINGS:

1	On April 30, 2026, Licensing Program Analyst (LPA) Komal Curley conducted an unannounced complaint
2	visit to deliver the findings for the above allegation. LPA met with Acting Administrator, Nick Catalano and
3	explained the purpose of the visit.
4	
5	Regarding the allegation, staff did not provide resident's records to authorized representative, according
6	to the reporting party, Resident 1's (R1's) responsible party/power of attorney (POA) requested
7	documents in relation to R1, however the facility denied access.
8	
9	During the investigation, LPA interviewed the acting administrator. According to the acting administrator,
10	he was not aware what he could send R1's responsible party/POA, however he did provide most of the
11	requested documents to R1's responsible party/POA, In addition, he indicated that the facility's policy in
12	regards to releasing resident records is to go through the management company's medical records.
13	
	Based on interviews conducted and information collected during the investigation, the preponderance of
	evidence standard has been met. Therefore, this allegation is determined to be substantiated.
	Deficiencies of the California Code of Regulations, Title, 22 cited on the LIC9099-D. Failure to correct the

deficiencies may result in civil penalties. Report was discussed with Acting Administrator, and Appeal Rights provided.

Substantiated

Estimated Days of Completion:

SUPERVISORS NAME: April Cowan

LICENSING EVALUATOR NAME: Komal Curley

LICENSING EVALUATOR SIGNATURE:

DATE: 04/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/30/2026

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 14-AS-20260324084907

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

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

FACILITY NAME: SILVER OAKS

FACILITY NUMBER: 415601052

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 04/30/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 05/07/2026 Section Cited CCR 87506(c)(1)	1 87506 Resident Records: (c) All 2 information and records obtained from 3 or regarding residents shall be 4 confidential. 5 (1) The licensee shall be responsible 6 for storing active...records and for 7 safeguarding the confidentiality of their contents. The licensee... shall reveal or make available confidential information only upon the resident's written consent or that of his designated representative.	1 Licensee/administrator to send LPA 2 confirmation that documents requested 3 by R1's responsible party/POA has 4 been provided. 5 6 7
	8 This regulation is not met as evidenced 9 by: According to the acting 10 administrator, he was not aware what 11 he could send R1's responsible 12 party/POA, In addition, he indicated that 13 the facility's policy in regards to 14 releasing resident records is to go through the management company's medical records.	8 9 10 11 12 13 14
	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.

SUPERVISORS NAME: April Cowan

LICENSING EVALUATOR NAME: Komal Curley

LICENSING EVALUATOR SIGNATURE:	DATE: 04/30/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/30/2026

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
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		DATE:	04/30/2026
		UNANNOUNCED TIME BEGAN:	12:00 PM
MET WITH:	Acting Administrator, Nick Catalano	TIME COMPLETED:	02:30 PM

ALLEGATION(S):

1	Staff did not follow residents care plan
2	Due to lack of supervision, resident fell resulting in injury
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INVESTIGATION FINDINGS:

1	On April 30, 2026, Licensing Program Analyst (LPA) Komal Curley conducted an unannounced complaint
2	visit to deliver the findings for the above allegations. LPA met with Acting Administrator, Nick Catalano
3	and explained the purpose of the visit.
4	
5	Regarding the allegation, staff did not follow residents care plan, according to the reporting party,
6	Resident 1 (R1) was a one-assist resident with dementia and should not have been left unattended.
7	According to the reporting party, due to this lack of supervision, R1 wandered, became disoriented,
8	entered a bathroom, and fell, resulting in injury.
9	
10	During the investigation, LPA reviewed R1's care plan, interviewed staff and attempted to interview R1.
11	LPA was unable to interview R1 due to his/her dementia diagnosis. Based on R1's service plan, R1 is
12	minimum assist with mobility and can ambulate himself/herself with walker. Staff assist with escorting as
13	needed. According to staff interviewed, R1 is not a two-persons assist, however staff do assist with
	ADLS. Staff indicated, R1 can ambulate himself/herself with a walker. (continue to 9099C)

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME:	April Cowan
LICENSING EVALUATOR NAME:	Komal Curley
LICENSING EVALUATOR SIGNATURE:	DATE: 04/30/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/30/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION
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**COMPLAINT INVESTIGATION REPORT
(Cont)**

SAN BRUNO RO, 851 TRAEGER AVE., SUITE 360
SAN BRUNO, CA 94066

FACILITY NAME: SILVER OAKS

FACILITY NUMBER: 415601052

VISIT DATE: 04/30/2026

NARRATIVE

1 Staff 1 (S1) interviewed indicated he/she changed R1's briefs and while S1 was cleaning, R1 used
2 his/her walker to leave the room and walked to the bathroom. After S1 was done cleaning, he/she did
3 not observe R1 in the hallway so immediately checked the room next door and the bathroom across the
4 hall and found R1 in the bathroom between the wall and commode slipping. S1 indicated he/she did
5 observe R1 slip. Resident Care Coordinator and the med-tech on shift assessed R1 after the fall and
6 called 911.
7
8 Therefore, based on interviews conducted and record reviewed, the department has determined that
9 although the above allegations may have happened or is valid, there is not a preponderance of evidence
10 to prove the alleged violations did or did not occur, therefore the above allegations are
11 UNSUBSTANTIATED. Report is reviewed with Acting Administrator and a copy is provided.
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