

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 415601127

Report Date: 03/13/2026

Date Signed: 03/13/2026 02:20:02 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 **02/27/2026** and conducted by Evaluator Komal Curley

PUBLIC	COMPLAINT CONTROL NUMBER: 14-AS-20260227122349
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FACILITY NAME: SERRA HIGHLANDS SENIOR LIVING	FACILITY NUMBER: 415601127
ADMINISTRATOR: SHAYAN GHEISAR	FACILITY TYPE: 740
ADDRESS: 501 KING DRIVE	TELEPHONE: (650) 878-5111
CITY: DALY CITY	STATE: CA
CAPACITY: 120	ZIP CODE: 94015
	CENSUS: 50
	DATE: 03/13/2026
	UNANNOUNCED TIME BEGAN: 12:25 PM
MET WITH: Resident Services Director, Anne Dasmarrinas	TIME COMPLETED: 02:30 PM

ALLEGATION(S):

1	Staff are not properly trained
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INVESTIGATION FINDINGS:

1	On March 13, 2026, Licensing Program Analyst (LPA) Komal Curley conducted an unannounced
2	complaint visit to deliver the findings for the above allegation. LPA met with Resident Services Director,
3	Anne Dasmarrinas and explained the purpose of the visit.
4	
5	Regarding the allegation, staff are not properly trained, according to the reporting party, there have been
6	multiple medication administration errors occurring during the NOC shift after a care staff members was
7	assigned to perform Med-Tech duties without documented medication training.
8	
9	During the investigation, LPA interviewed the Resident Services Director and reviewed training records
10	for all 7 med-techs. According to the Resident Services Director, she reviewed med-techs training
11	records. On 3/6/26, after she discovered Staff 1 (S1), who is a med-tech, did not complete their initial
12	training to assist residents with self-administration of medications, she pulled S1 off the schedule. On
13	3/11/26, after the Resident Services Director discovered Staff 2 (S2), another med-tech, did not complete
	their initial training to be able to administer medications to residents, she pulled S2 off the schedule.
	(continue to 9099C)

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: April Cowan
LICENSING EVALUATOR NAME: Komal Curley
LICENSING EVALUATOR SIGNATURE:

DATE: 03/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/13/2026

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-20260227122349

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 (Cont)

FACILITY NAME: SERRA HIGHLANDS SENIOR LIVING

FACILITY NUMBER: 415601127

VISIT DATE: 03/13/2026

NARRATIVE

1 Based on training records reviewed, there are 7 med-techs in total and both S1 and S2 did not complete
2 their 16 hours of initial training prior to administering medications to residents in care. In addition, based
3 on training records reviewed, LPA did not observe med-techs receiving their annual on-the-job training in
4 relation to policies and procedures regarding medications on top of their initial required training to be
5 able to administer medication to residents in care. The facility was unable to provide me any
6 documentation to show med-techs are receiving their annual on-the-job training.

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8 Based on information collected and files reviewed, the preponderance of evidence standard has been
9 met, therefore the above allegation is found to be substantiated. Deficiencies of the California Code of
10 Regulations, Title, 22 cited on the LIC9099-D. Failure to correct the deficiencies may result in civil
11 penalties.

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13 Report is reviewed with Resident Services Director and a copy is provided with appeal rights.
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SUPERVISORS NAME: April Cowan
LICENSING EVALUATOR NAME: Komal Curley
LICENSING EVALUATOR SIGNATURE:

DATE: 03/13/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/13/2026

LIC9099 (FAS) - (06/04)

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COMPLAINT INVESTIGATION REPORT

PUBLIC

COMPLAINT CONTROL NUMBER: 14-AS-20260227122349

FACILITY NAME: SERRA HIGHLANDS SENIOR LIVING

FACILITY NUMBER: 415601127

ADMINISTRATOR: SHAYAN GHEISAR

FACILITY TYPE: 740

ADDRESS: 501 KING DRIVE

TELEPHONE: (650) 878-5111

CITY: DALY CITY

STATE: CA

ZIP CODE: 94015

CAPACITY: 120

CENSUS: 50

DATE: 03/13/2026

UNANNOUNCED TIME BEGAN: 12:25 PM

MET WITH: Resident Services Director, Anne Dasmariñas

TIME COMPLETED: 02:30 PM

ALLEGATION(S):

- 1 Staff mishandled the residents medications
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INVESTIGATION FINDINGS:

- 1 On March 13, 2026, Licensing Program Analyst (LPA) Komal Curley conducted an unannounced
- 2 complaint visit to deliver the findings for the above allegation. LPA met with Resident Services Director,
- 3 Anne Dasmariñas and explained the purpose of the visit.
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- 5 Regarding the allegation, staff mishandled the residents medication, according to the reporting party,
- 6 Resident 1 (R1) did not receive levothyroxine on 2/4/26-2/5/26 and alendronate was administered four
- 7 consecutive days beginning 2/16/26, although R1's order was once a week.
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- 9 During the investigation, interviewed staff and LPA reviewed R1's file, including but not limited to;
- 10 physician's orders for medication, medication list, medication administration record (MAR), and R1's
- 11 medication bottles. Based on R1's medication list as prescribed by the physician and the medication
- 12 bottle, R1 is required to take one tablet of Levothyroxine (88mcg) daily, 30 minutes before breakfast. LPA
- 13 reviewed R1's MAR for 2/4/26-2/5/26 and it showed that Levothyroxine was administered on 2/4/26 at 7:11AM and on 2/5/26 at 7:16AM. (Continue to 9099C).

Unsubstantiated

Estimated Days of Completion:

SUPERVISORS NAME: April Cowan

LICENSING EVALUATOR NAME: Komal Curley

LICENSING EVALUATOR SIGNATURE:

DATE: 03/13/2026

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FACILITY REPRESENTATIVE SIGNATURE:

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LIC9099 (FAS) - (06/04)

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COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: SERRA HIGHLANDS SENIOR LIVING

FACILITY NUMBER: 415601127

VISIT DATE: 03/13/2026

NARRATIVE

- 1 LPA conducted a medication count for R1's Levothyroxine. LPA observed the amount of medications in
- 2 the bottle corresponded with the start date of the medication listed on the centrally stored medication
- 3 record. In addition, according to staff interviews, R1 does not take alendronate. LPA confirmed that
- 4 alendronate is not on the R1's prescribed medication list and MAR.
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Based on documents reviewed, information collected, observations, and interviews conducted, the department has determined that although the above allegation may have happened or is valid, there is no preponderance of evidence to prove the alleged violation did or did not occur, therefore the above allegation is UNSUBSTANTIATED.

SUPERVISORS NAME: April Cowan
LICENSING EVALUATOR NAME: Komal Curley
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 03/13/2026

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FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 03/13/2026

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
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FACILITY NAME: SERRA HIGHLANDS SENIOR LIVING **FACILITY NUMBER:** 415601127
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 03/13/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 03/14/2026 Section Cited HSC 1569.69(a)(1)	§1569.69 Employees assisting residents with self-administration of medication; training requirements: (1) In facilities licensed to provide care for 16 or more persons, the employee shall complete 16 hours of initial training... This training shall consist of eight hours of hands-on shadowing training, which shall be completed prior to assisting with the self-administration of medication which shall be completed within the first two weeks of employment.	Licensee/administrator shall submit a plan in writing on how to ensure all med-techs complete their initial 16 hours of training. Plan shall include, documented how many hours it took to complete the training.
	This requirement is not met as evidenced by: Based on training records reviewed, S1 and S2 did not have their initial 16 hours of training documented prior to administering	

	13 14	medication to residents in care which poses an immediate health and safety risk to residents in care.	13 14	
Type A 03/14/2026 Section Cited CCR 87411(c)(3)(D)	1 2 3 4 5 6 7	87411 Personnel Requirements - General: (c) All RCFE staff who assist residents with personal activities of daily living shall receive initial and annual training as specified in Health and Safety Code sections 1569.625 and 1569.69 (3) The training shall include, but not be limited to, the following:(D) Policies and procedures regarding medications, including the knowledge in Section 87411(d)(4).	1 2 3 4 5 6 7	Licensee/administrator shall submit a plan in writing on how to ensure all staff receive their annual on-the-job training. Plan shall include; who will be conducting the training, when it will be conducted, keeping track of staff that require their annual training, maintaining documentation of the training, etc.
	8 9 10 11 12 13 14	This requirement is not met as evidenced by: The facility was unable to provide LPA documentation to show med-techs have been receiving their annual on-the-job training. LPA did not observe any annual trainings in med-techs files during file review.	8 9 10 11 12 13 14	

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: 03/13/2026
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