

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 435200727

Report Date: 01/28/2026

Date Signed: 01/28/2026 04:14:32 PM

Unfounded

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/23/2026** and conducted by Evaluator Marcela Yanez

PUBLIC	COMPLAINT CONTROL NUMBER: 26-AS-20260123145949
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FACILITY NAME: CARLTON PLAZA OF SAN JOSE	FACILITY NUMBER: 435200727
ADMINISTRATOR: SHANTELA YADAO	FACILITY TYPE: 740
ADDRESS: 380 BRANHAM LANE	TELEPHONE: (408) 972-1400
CITY: SAN JOSE	ZIP CODE: 95136
CAPACITY: 183	DATE: 01/28/2026
MET WITH: Shantela Yadao	UNANNOUNCED TIME BEGAN: 08:15 AM
	TIME COMPLETED: 04:25 PM

ALLEGATION(S):

1	Facility did not provide resident with a refund
2	Staff are not communicating with responsible party regarding resident's care
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9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Marcela Yanez conducted an unannounced initial complaint investigation visit and met with Shantela Yadao, Administrator. LPA announced the purpose of the visit.
2	
3	
4	On 01/23/26 the department received a complaint with the above allegations.
5	
6	During visit LPA obtained pertinent documents for R1 and interviewed staff and Administrator.
7	
8	During the investigation LPA reviewed Deposit Receipt effective date 10/31/25 signed by Resident Responsible party on 10/29/25. Admissions agreement and email communication between POA and staff.
9	
10	
11	
12	Resident (R1) moved into the facility on 10/31/25 after being assessed by Sales Manager and virtual assessment by nurse at hospital. Sales Manager stated resident did not exhibit behavior at that time of assessment.
13	

Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Christine Kabariti
LICENSING EVALUATOR NAME: Marcela Yanez
LICENSING EVALUATOR SIGNATURE:

DATE: 01/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/28/2026

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 26-AS-20260123145949

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350
SAN JOSE, CA 95131

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: CARLTON PLAZA OF SAN JOSE

FACILITY NUMBER: 435200727

VISIT DATE: 01/28/2026

NARRATIVE

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2

3

4 The Deposit Receipt dated and signed by POA on 10/29/25 states that the R1 Community Fee is fully
5 refundable until the Personal Care Interview is completed. After the assessment has been completed
6 \$500 dollars of the fee is non refundable. Any balance would be refunded on a pro-rated basis, 1st
7 month is 80% and 2nd month is 60% and 3rd month 40% and after 3rd month is no refund.

8

9 4 out of 4 staff stated that R1 exhibited behavior shortly after moving in and POA was notified that R1
10 might need 1 on 1 care. 4 out of 4 staff stated the POA was informed of change in condition and R1s
11 emergency contact was also notified.

12

13 S2 stated he/she would call POA when resident had behavior and stated POAs voicemail was not set up
14 and they would call R1s emergency contact who lived nearby. The Residents progress notes stated
15 emergency contact was notified regarding R1s needing refill of medication and when R1 was having
16 behavior.

17

18 Based on interview and record review the facility refunded the amount of \$2500.00 dollars for
19 community fee of 60% of \$5000.00 which is a total of \$3000.00 minus the \$500 non refundable fee that
20 was stated on Deposit Receipt signed by POA. The check was issued on 01/20/26 and was delivered on
21 01/21/26 and another refund check for \$258.00 for 1 day of rental fee when resident moved out on
22 12/30/25 was sent on 01/13/26.

23

24 The Department has investigated the above allegations. Based on interviews, and observation the
25 above allegations are **unfounded** meaning the allegations is false, could not have happened, and/or is
26 without a reasonable basis.

27

28 No deficiencies were cited at this time as per California Code of Regulations Title 22.

29

30 This report was reviewed with Shantela Yadao and a copy of this report was provided.

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32

SUPERVISORS NAME: Christine Kabariti
LICENSING EVALUATOR NAME: Marcela Yanez
LICENSING EVALUATOR SIGNATURE:

DATE: 01/28/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/28/2026

LIC9099 (FAS) - (06/04)

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