

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 435200989
Report Date: 08/27/2026
Date Signed: 08/27/2026 02:47:46 PM

Unsubstantiated

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 **05/19/2026** and conducted by Evaluator Yi Sam Jian

	COMPLAINT CONTROL NUMBER: 26-AS-20260519084659
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FACILITY NAME:	BRIDGEPOINT AT LOS ALTOS	FACILITY NUMBER:	435200989
ADMINISTRATOR:	MEHRAD MOSHIRI	FACILITY TYPE:	740
ADDRESS:	1174 LOS ALTOS AVENUE	TELEPHONE:	(650) 948-7337
CITY:	LOS ALTOS	ZIP CODE:	94022
CAPACITY:	150	DATE:	08/27/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	09:48 AM
	CENSUS: 126	TIME	03:03 PM
MET WITH:	Rod Moshiri	COMPLETED:	

ALLEGATION(S):

1	Staff do not safeguard resident's personal belongings
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INVESTIGATION FINDINGS:

1	On 08/27/2026, Licensing Program analyst (LPA) Yi Sam Jian conducted an unannounced complaint investigation visit. LPA met with Administrator, Rod Moshiri, and disclosed the purpose of the visit.
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4	Regarding the allegation that staff do not safeguard resident's personal belongings, the Department
5	conducted an investigation, law enforcement was contacted and investigated the reported missing
6	personal property belong to R1. R1's personal property inventory was signed, no items were listed, this
7	resulted in a technical violation. Based on interviews conducted and documentation reviewed, there is
8	insufficient evidence to establish that facility staff do not safeguard resident R1's personal property.
9	
10	Although the above allegations may have happened or are valid, there is not a preponderance of
11	evidence to prove whether the allegations did or did not occur, therefore the above allegations are
12	UNSUBSTANTIATED. Report is reviewed and a copy of this report is provided to the administrator.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Brenda Chan
LICENSING EVALUATOR NAME: Yi Sam Jian
LICENSING EVALUATOR SIGNATURE:

DATE: 08/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/27/2026