

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 435202350  
Report Date: 07/22/2025  
Date Signed: 07/22/2025 12:24:47 PM

### Substantiated

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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **03/24/2025** and conducted by Evaluator Christine Kabariti

	<b>COMPLAINT CONTROL NUMBER: 26-AS-20250324143221</b>
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<b>FACILITY NAME:</b> BELMONT VILLAGE SAN JOSE	<b>FACILITY NUMBER:</b> 435202350
<b>ADMINISTRATOR:</b> RACHEL BROWN	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 500 S WINCHESTER BLVD	<b>TELEPHONE:</b> (408) 984-4767
<b>CITY:</b> SAN JOSE	<b>STATE:</b> CA <b>ZIP CODE:</b> 95128
<b>CAPACITY:</b> 150	<b>CENSUS:</b> UNANNOUNCED <b>DATE:</b> 07/22/2025
<b>MET WITH:</b> Rachel Brown	<b>TIME BEGAN:</b> 09:35 AM
	<b>TIME COMPLETED:</b> 12:35 PM

#### ALLEGATION(S):

1	Staff inappropriately restrained a resident while in care
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#### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Christine Kabariti arrived unannounced to deliver the finding for the
2	above allegation. LPA met with Executive Director, Rachel Brown.
3	
4	On 03/24/2025, the Department received the complaint. On 04/03/2025, the initial complaint investigation
5	was conducted. The following documents were obtained to include a resident's physician's report, service
6	plan, progress notes, resident roster and police report.
7	
8	It was alleged that on 10/27/2024 a staff member (S1) held the wrist down of a resident (R1) for about 15
9	seconds in order to "check his/her strength". It was reported that R1 attempted to get his/her wrist away
10	from S1 but was unable to do so. The incident was observed by a staff (S2) who stopped the incident. R1
11	did not sustain any injuries and did not recall the event due to his/her diagnosis of a neurological
12	condition. Page 1 of 3.
13	

**Substantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Jackie Jin  
**NAME OF LICENSING PROGRAM ANALYST:** Christine Kabariti  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 07/22/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 07/22/2025

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-20250324143221

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:** BELMONT VILLAGE SAN JOSE

**FACILITY NUMBER:** 435202350

**VISIT DATE:** 07/22/2025

**NARRATIVE**

1 On 11/06/2024, the Department conducted a case management visit to follow-up on this incident after  
2 receiving a self-reported SOC-341 from the facility. See case management on 11/06/2024. During this  
3 visit, R1 was interviewed and was unable to recall the incident occurring. R1's family member was  
4 informed of the incident. The Executive Director (ED) stated that based on their internal investigation, S1  
5 stated that he/she does this with R1 in a joking way where sometimes S1 would test R1's strength. At  
6 the time of the interaction, R1 was not participating in the joke and seemed startled. S1 was terminated  
7 following the incident for inappropriate behavior with the resident. The local police department was  
8 notified and responded to the incident on 10/27/2024. Based on record review, R1 did not sustain any  
9 injuries and did not recall the event. The police obtained information of S1 and was identified and  
10 outstanding at time of the event.

11

12 On 03/24/2025, the Department received a cross-report of the same incident and generated a complaint  
13 investigation.

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15 On 04/03/2025, 4 additional staff members were interviewed for the complaint investigation. Based on  
16 staff interview, it was stated that R1 was restrained by S1 and verbally challenged to attempt to raise  
17 his/her arm as an exhibition of strength. When the Executive Director (ED) interviewed S1 following the  
18 incident, S1 stated the incident was only a playful interaction with R1. The incident was witnessed by a  
19 staff (S2) who immediately stopped the interaction.

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21 Based on interview with S2, it was stated that S1 approached R1 from behind and held R1's wrist on the  
22 side of his/her chair restricting R1's movement. S2 stated that R1 had a distress look on his/her face  
23 during the interaction. S2 stated to have immediately called out S1's name who immediately released  
24 R1's wrist and reported to S2. S2 reminded S1 to not interact with the residents in that manner and to be  
25 careful of his/her action. The observation was then reported to management.

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28 The Department has investigated the above allegation. Based on interview and record review the  
29 preponderance of evidence standard has been met, therefore, the above allegation is substantiated. A  
30 deficiency was cited per California Code of Regulations, Title 22. This report was reviewed with  
31 Executive Director, Rachel Brown and a copy of the report and appeal rights were provided. Page 2 of 2.  
32

**NAME OF LICENSING PROGRAM MANAGER:** Jackie Jin  
**NAME OF LICENSING PROGRAM ANALYST:** Christine Kabariti  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 07/22/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 07/22/2025

LIC9099 (FAS) - (06/04)

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**Control Number** 26-AS-20250324143221

**COMPLAINT INVESTIGATION REPORT  
 (Cont)**

**FACILITY NAME:** BELMONT VILLAGE SAN JOSE

**FACILITY NUMBER:** 435202350

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 07/22/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/23/2025 <b>Section Cited</b> CCR 87468.1(a)(1)	1 (a) Residents in all residential care 2 facilities for the elderly shall have all of 3 the following personal rights: (1) To be 4 accorded dignity in their personal 5 relationships with staff, residents, and 6 other persons. This requirement is not 7 met as evidenced by:	1 Licensee immediately conducted an 2 internal investigation after being notified 3 of the incident and terminated S1. 4 Licensee completes annual and in- 5 service training on personal rights. 6 7
	8 Based interview and record review, the 9 licensee did not ensure that resident 10 (R1) was accorded dignity in his/her 11 relationship with S1, as S1 was 12 observed to restrain R1's wrist down 13 which poses an immediate health, 14 safety, and personal rights risk to person in care.	8 Copies of the training records was 9 provided to LPA Kabariti. 10 11 Deficiency was cleared during visit. 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.**

**NAME OF LICENSING PROGRAM MANAGER:** Jackie Jin  
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**LICENSING PROGRAM ANALYST SIGNATURE:** \_\_\_\_\_ **DATE:** 07/22/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_ **DATE:** 07/22/2025