

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 435202447
Report Date: 07/21/2026
Date Signed: 07/21/2026 04:23:50 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 **07/25/2025** and conducted by Evaluator David Marrufo

	COMPLAINT CONTROL NUMBER: 26-AS-20250725103419
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FACILITY NAME: BROOKDALE SAN JOSE		FACILITY NUMBER: 435202447
ADMINISTRATOR: DONNER, ZEINAB		FACILITY TYPE: 740
ADDRESS: 1009 BLOSSOM RIVER WAY		TELEPHONE: (408) 445-7770
CITY: SAN JOSE	STATE: CA	ZIP CODE: 95123
CAPACITY: 0	CENSUS: 283	DATE: 07/21/2026
	UNANNOUNCED	TIME BEGAN: 02:30 PM
MET WITH: Zeinab Donner		TIME COMPLETED: 04:30 PM

ALLEGATION(S):

1	Licensee did not ensure staff were appropriately trained to provide care to residents.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) David Marrufo conducted an unannounced complaint investigation visit and met with Administrator Zeinab Donner. On 07/25/2025, the department received a complaint with the above allegations. On 08/01/2025, LPA Marrufo conducted an initial complaint investigation visit. LPA Marrufo conducted additional complaint investigation visits on 07/15/2026 and 07/16/2026.
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5	When the department received the complaint, it was alleged that Person P1, who is not an employee at the facility, brings private duty aids P2-P7 to the facility to provide care to the residents at the facility. The complaint alleged P2-P7 have not undergone required training. The complaint alleged that the facility is aware that P1 is sending these private duty aids to the residents.
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9	See LIC9099-C page for more information. Page 1 of 3.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Christine Kabariti	
LICENSING EVALUATOR NAME: David Marrufo	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/21/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/21/2026
This report must be available at Child Care and Group Home facilities for public review for 3 years.	
LIC9099 (FAS) - (06/04)	Page: 1 of 6
Control Number 26-AS-20250725103419	

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: BROOKDALE SAN JOSE	FACILITY NUMBER: 435202447
	VISIT DATE: 07/21/2026

NARRATIVE	
1	On 08/01/2025, LPA Marrufo conducted interviews with staff R1-R7. During interview, R1-R2, and R4-R7
2	stated they have never received care from caregivers who were not facility staff. R3 stated he/she did
3	not know if he/she had ever received care from caregivers who were not facility staff.
4	
5	During visit on 07/15/2026, LPA Marrufo conducted telephone interviews with P1 and P2. During
6	interview, P1 stated he/she is a private duty aid. P1 stated he/she works with residents in Independent
7	Living, Assisted Living, and Memory Care. P1 stated he/she takes residents on walks and escorts them
8	to exercise activities. P1 stated he/she provides assistance to Independent Living residents by
9	scrubbing their backs in the shower and helping them get dressed after showering. P1 stated he/she
10	does not provide any care assistance to Assisted Living and Memory Care residents. P1 stated he/she
11	knew P2, but he/she did not know or recognize the names of P3-P7.
12	
13	During interview, P2 stated to be a private duty aid. P2 stated that in the past year, he/she has only
14	worked with R8. P2 stated R8 was an Independent Living resident up until last week, when R8 was
15	transferred to Memory Care. P2 stated that due to R8's transfer to Memory Care, P2 is no longer R8's
16	private duty aid. P2 stated that when he/she was R8's private duty aid, he/she would provide
17	transportation to R8, order and deliver meals for R8, and provide companionship to R8. P2 stated
18	he/she did not provide any care assistance to R8. P2 stated he/she recognized P3 and P4's names, but
19	he/she stated they have not worked as private care givers at the facility for over three years. P2 stated
20	he/she did not recognize the names of P5-P7.
21	
22	On 07/21/2026, LPA Marrufo conducted telephone interviews with Family Members FM1-FM4, who are
23	the family members of R8-R11. During interviews, FM1-FM4 stated they have not observed their family
24	member's private duty aids providing care services to their family members. FM1-FM4 stated their family
25	member's private duty aids only provide companionship and escorting services to R8-R11.
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LICENSING EVALUATOR NAME: David Marrufo	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/21/2026
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LIC9099 (FAS) - (06/04)	
Page: 2 of 6	
Control Number 26-AS-20250725103419	

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRAL COAST CR/RES, 2580 N. FIRST
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COMPLAINT INVESTIGATION REPORT
(Cont)

STREET, STE. 350
SAN JOSE, CA 95131

FACILITY NAME: BROOKDALE SAN JOSE

FACILITY NUMBER: 435202447

VISIT DATE: 07/21/2026

NARRATIVE	
1	On 07/16/2026, LPA Marrufo interviewed staff S1. During interview, S1 stated that about two years ago,
2	S1 and Administrator (ADM) Zeinab Donner held a meeting with P1. S1 stated that the meeting was
3	held because a facility medication technician entered into an Assisted Living resident's apartment and
4	observed that the resident had already been given a scheduled shower. The medication technician
5	stated that P1 had given the resident the shower. S1 stated that he/she and ADM discussed with P1 that
6	private duty aids should not be providing any care to residents in the Assisted Living and Memory Care
7	sections of the facility. S1 stated that he/she does not recall which resident the medication technician
8	stated to have observed had received a shower from P1. S1 stated the medication technician is no
9	longer employed by the facility. S1 stated there is no documentation of the meeting that S1 and ADM
10	had with P1.
11	
12	On 07/16/2026, LPA Marrufo conducted a telephone interview with P1. P1 denied having provided a
13	shower to an Assisted Living resident or to have had a meeting with S1 and ADM about providing care
14	to Assisted Living and Memory Care residents.
15	
16	LPA Marrufo was unable to identify or locate P3-P7.
17	
18	Based on information from interviews conducted with staff and witnesses, and records reviewed,
19	although the allegations listed above may have happened or are valid, there is not a preponderance of
20	evidence to prove the alleged violations did or did not occur. Therefore, the allegations are
21	unsubstantiated.
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23	No Deficiencies were cited under California Code of Regulations Title 22.
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26	This report was reviewed with Administrator Zeinab Donner and a copy of this report was provided.
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LICENSING EVALUATOR NAME: David Marrufo	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/21/2026
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LIC9099 (FAS) - (06/04)		Page: 3 of 6
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	
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This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/25/2025** and conducted by Evaluator David Marrufo

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ADMINISTRATOR:	DONNER, ZEINAB	FACILITY TYPE:	740
ADDRESS:	1009 BLOSSOM RIVER WAY	TELEPHONE:	(408) 445-7770
CITY:	SAN JOSE	ZIP CODE:	95123
CAPACITY:	0	DATE:	07/21/2026
MET WITH:	Zeinab Donner	UNANNOUNCED TIME BEGAN:	02:30 PM
		TIME COMPLETED:	04:30 PM

ALLEGATION(S):

1	Licensee did not ensure resident care services were performed by an appropriately skilled professional.
2	Licensee did not ensure staff obtained a criminal record clearance prior to working.
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INVESTIGATION FINDINGS:

1	When the department received the complaint, it was alleged that one of P1's private duty aids changed
2	the IV of one of the residents on the third floor even though the private duty aid is not a licensed nurse.
3	
4	On 08/01/2025, LPA Marrufo interviewed R1-R7. During interviews, R1-R7 stated they have never had a
5	caregiver insert an IV for them. R1-R7 stated they have not received care from a caregiver that should
6	have been provided by a skilled professional.
7	
8	During visit on 07/15/2026, LPA Marrufo conducted a telephone interview with Administrator (ADM)
9	Zeinab Donner. During interview, ADM stated that there are no residents at the facility who have an IV,
10	including in Independent Living.
11	
12	See LIC9099-C page for more information. Page 1 of 3.
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Unfounded	Estimated Days of Completion:
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LIC9099 (FAS) - (06/04) Page: 4 of 6
Control Number 26-AS-20250725103419

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

FACILITY NAME: BROOKDALE SAN JOSE	FACILITY NUMBER: 435202447
	VISIT DATE: 07/21/2026

NARRATIVE

1	On 07/16/2026, LP Marrufo obtained a copy of the facility floor plan, which indicates that the third floor is
2	for Independent Living residents.
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4	During interview, P1 and P2 stated to have never worked with a resident at the facility who required an
5	IV, to have never inserted or removed an IV from a resident or provided any care to a resident that
6	should have been performed by a licensed skilled professional.
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8	During interviews, FM1-FM4 stated that their family members have never had an IV at the facility and
9	their private duty aids have never inserted or removed an IV from their family member at the facility.
10	FM1-FM4 stated they have not observed a private care aid provide services that should have been
11	performed by an appropriately skilled professional to their family members.
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14	During visit on 07/16/2026, LPA Marrufo observed R8, R10, and R11. None of the observed residents
15	had an IV during visit.
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17	When the department received the complaint, it was alleged that staff P1 brings private duty aids P2-P7
18	to the facility to provide care to the residents at the facility. The complaint alleged P2-P7 are not
19	background cleared. The complaint alleged that the facility is aware that P1 is sending these private
20	duty aids to the residents. When the department received the complaint, only the first names of P2-P4
21	were provided.

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On 07/31/2025, LPA Marrufo obtained a copy of the facility Guardian Employee Roster. P1-P7 were not found in the employee roster.

Page 2 of 3.

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/21/2026

LIC9099 (FAS) - (06/04)

Page: 5 of 6

Control Number 26-AS-20250725103419

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT
(Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

COMMUNITY CARE LICENSING DIVISION

CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350

SAN JOSE, CA 95131

FACILITY NAME: BROOKDALE SAN JOSE

FACILITY NUMBER: 435202447

VISIT DATE: 07/21/2026

NARRATIVE

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LPA Marrufo conducted telephone interviews with FM1-FM4 on 07/21/2026. During interview, FM1 stated he/she hired P1 as a private care duty aid for his/her family member. FM1 stated P1 trains other private duty aid and sends P2 to do most of the work as a private duty aid for FM1's family member. FM2 stated he/she pays P1 as a private duty aid for his/her family member. FM3 stated he/she hires P1 as a private duty aid for his/her family member. FM3 stated P1 employs other people, including P2. FM3 stated there are around up to five private duty aids, including P2, who P1 employs and sends to FM3's family member to provide companionship and escorting services. FM4 stated he/she has hired P1 as a private duty companion. FM4 stated P1 sends up to four private duty aids to be companions and escorts for FM4's family member for up to 11 hours a day. FM1, FM3, and FM4 did not express any indication that they did not agree with P1 sending in other private duty aids to provide companionship and escorting services to their family members.

During visit on 07/21/2026, LPA Marrufo interviewed P1. During interview, P1 stated that he/she tells his/her clients when they first contract P1 that he/she may send other private duty aids in his/her place. P1 stated families are aware that he/she may send other private duty aids to provide companionship and escorting services for their family members at the facility.

California Health and Safety Code Section 1569.17(b)(2)(D) states: (b) In addition to the applicant, the provisions of this section shall apply to criminal convictions of the following persons: (2) The following persons are exempt from requirements applicable under paragraph (1): (D) A third-party contractor or other business professional retained by the client and at the facility at the request or by the permission of that client. These individuals may not be left alone with other clients.

This agency has investigated the complaint allegations listed. Based on interviews and review of records, the CCLD has found that the complaint allegations are unfounded, meaning that the allegations were false, could not have happened and/or are without a reasonable basis.

This report was reviewed with Administrator Zeinab Donner and a copy of this report was provided.

Page 3 of 3. END REPORT.

SUPERVISORS NAME: Christine Kabariti

LICENSING EVALUATOR NAME: David Marrufo

LICENSING EVALUATOR SIGNATURE:

DATE: 07/21/2026

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