

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 435202759

Report Date: 11/19/2025

Date Signed: 11/19/2025 03:18:09 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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/22/2025** and conducted by Evaluator Chihhsien Chang

	<b>COMPLAINT CONTROL NUMBER: 26-AS-20250822164951</b>
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<b>FACILITY NAME:</b> WESTGATE VILLA	<b>FACILITY NUMBER:</b> 435202759
<b>ADMINISTRATOR:</b> TAYAG, AIDAH	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 5425 MAYME AVENUE	<b>TELEPHONE:</b> (408) 366-6510
<b>CITY:</b> SAN JOSE	<b>ZIP CODE:</b> 95129
<b>CAPACITY:</b> 60	<b>DATE:</b> 11/19/2025
<b>MET WITH:</b> Aidah Tayag	<b>UNANNOUNCED TIME BEGAN:</b> 10:15 AM
	<b>TIME COMPLETED:</b> 12:20 PM

### ALLEGATION(S):

1	Facility staff did not ensure that resident's private parts are cleaned thoroughly when changed.
2	Facility staff did not safeguard resident's personal valuables/belongings.
3	Facility staff is not providing personal hygiene care to resident
4	Facility staff is not dressing the resident for bed.
5	Facility staff did not report concerns brought to their attention.
6	Facility staff is not providing liquids to resident resulting in dehydration.
7	
8	
9	

### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Steve Chang conducted an unannounced investigation visit to deliver the investigation findings and met with Executive Director (ED) Aidah Tayag.
2	
3	
4	On 08/22/2025, the Department received a complaint with above allegations.
5	
6	On 08/28/2025, the Department conducted an initial investigation visit. LPA interviewed 4 facility staff, a resident, and a family member. LPA obtained the physician report, appraisal needs and service plan of resident R1.
7	
8	
9	
10	On 10/01/2025, LPA conducted an investigation visit and interviewed Executive Director (ED) and a hospice care nurse.
11	
12	
13	Continue on LIC9099-C. Page 1 of 5.

<b>Unfounded</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Romeo Manzano  
**LICENSING EVALUATOR NAME:** Chihhsien Chang  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_  
**DATE:** 11/19/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_  
**DATE:** 11/19/2025

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 5  
**Control Number 26-AS-20250822164951**

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

**FACILITY NAME:** WESTGATE VILLA **FACILITY NUMBER:** 435202759  
**VISIT DATE:** 11/19/2025

**NARRATIVE**

1 **Facility staff did not ensure that resident's private parts are cleaned thoroughly when changed:**  
2  
3  
4 On 09/28/2025, LPA interviewed the facility Director of Nursing (DN). DN stated that the caregivers  
5 provide proper incontinence care with soap and water during changing of adult briefs especially when  
6 resident has a bowel movement. DN stated caregivers provide proper incontinence care using  
7 incontinence sanitary wipes if they have episodes of urine incontinence and caregivers will change the  
8 resident with new adult briefs. DN stated caregivers check/change resident R1's diaper every two hours.  
9  
10 LPA interviewed 2 caregivers who have taken care of resident R1. Both caregivers stated they wash R1  
11 if they find feces on the diapers when they change R1's diaper. Both caregivers stated they wipe R1 if  
12 they find urine on the diaper when they change R1's diaper. Both caregivers stated they check/change  
13 R1's diaper every two hours.  
14  
15 LPA interviewed R1's family member (FM), POA of R1. FM stated he/she visits R1 3 to 4 times per  
16 week. FM stated he/she changes diaper for R1 whenever he/she visits R1. FM stated he/she never saw  
17 feces, urine or not clean in R1's private area when he/she changes R1's diaper. FM stated the facility  
18 staff change R1's diaper every two hours.  
19  
20 On 10/01/2025, LPA interviewed executive Director (ED) Aidah Tayag. ED stated resident R1 is always  
21 kept clean and in hygiene. ED stated R1 receives diaper change every two hours and after toileting. ED  
22 stated caregivers wipe R1 if urine was found on the diaper when changing R1's diaper. ED stated  
23 caregivers wash R1 if found feces on the diaper when caregivers change R1's diaper.  
24  
25 ED stated caregivers call Med Tech, Nurse, or management to assist if R1 refused to change diaper.  
26  
27 LPA interviewed a hospice care nurse (N1). N1 stated he/she comes on site to take care of R1 every  
28 week. N1 stated hospice care aide comes on site to help R1 for showers, hygiene, changing diapers  
29 every Wednesday and Friday. N1 stated the facility provides good care to R1.  
30  
31 Continue on LIC9099-C. Page 2 of 5.  
32

**SUPERVISORS NAME:** Romeo Manzano  
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**DATE:** 11/19/2025

LIC9099 (FAS) - (06/04) Page: 2 of 5  
**Control Number 26-AS-20250822164951**

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

STREET, STE. 350  
SAN JOSE, CA 95131

**FACILITY NAME:** WESTGATE VILLA

**FACILITY NUMBER:** 435202759

**VISIT DATE:** 11/19/2025

**NARRATIVE**

1 **Facility staff did not safeguard resident's personal valuables/belongings:**  
2 On 08/28/2025, LPA interviewed Director of Nursing (DN). DN stated there was a incident before  
3 regarding resident R1 missed valuables. DN stated the facility conducted an investigation, and the  
4 finding is UNFOUNDED.  
5  
6 LPA interviewed resident R1's family member (FM), R1's POA in financial and in health. FM stated  
7 before R1 moved in the facility, he/she received a notice from the facility, do not bring any expensive or  
8 valuables in the facility. FM stated R1 does not bring any valuables in the facility. FM stated R1 is  
9 forgetful and is with neurocognitive issue. FM stated sometimes R1 forgot he/she displaced something.  
10 FM stated he/she bought a headband for R1 which R1 likes. FM stated one day R1 found another  
11 resident has the same headband on the head. FM stated R1 might be confused the headband is  
12 his/hers. FM stated the price of the headband is \$3.00.  
13  
14 On 10/01/2025, LPA interviewed ED. ED stated he/she notified R1's family, R1's POA, do not bring any  
15 valuable personal belongings to the facility. ED stated R1 did not bring any valuable personal belongings  
16 to the facility. ED states R1 is forgetful with neurocognitive issue and without any valuable belongings in  
17 the facility.  
18  
19 **Facility staff is not providing personal hygiene care to resident:**  
20 On 08/28/2025, LPA interviewed Director of Nursing (DN). DN stated resident R1 has 2-3 showers per  
21 week. DN stated R1 has a laundry per week. DN stated all the residents have at least 2 times teeth  
22 brushing every day. DN stated R1 receives teeth blushing after wake up and after meals.  
23  
24 LPA interviewed 2 caregivers who have provided care to R1. Both stated they provide 3 times teeth  
25 brushing to R1 during their shifts.  
26  
27  
28 On 10/01/2025, LPA interviewed ED. ED stated R1 has 3 showers per week, two from hospice care  
29 aide, and one from the facility caregiver. ED stated R1 has 2 laundries per week. ED stated R1 did not  
30 have rash on skin. ED stated R1 has one deep cleaning for the room per week. ED stated staff provide  
31 R1 house keeping maintenance daily. ED stated R1 receives teeth blushing in the morning and before  
32 bed time daily..  
Continue on LIC9099-C. Page 3 of 5.

**SUPERVISORS NAME:** Romeo Manzano

**LICENSING EVALUATOR NAME:** Chihhsien Chang

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 11/19/2025

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**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/19/2025

LIC9099 (FAS) - (06/04)

Page: 3 of 5

**Control Number 26-AS-20250822164951**

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:** WESTGATE VILLA

**FACILITY NUMBER:** 435202759

**VISIT DATE:** 11/19/2025

**NARRATIVE**

1 LPA interviewed hospice care nurse (N1). N1 stated hospice care aide come on site twice per week to  
2 provide showers, grooming, hygiene, changing diaper, dressing, and mouth care to R1.  
3  
4 **Facility staff is not dressing the resident for bed:**  
5 On 8/28/2025, LPA interviewed DN. DN stated AM shift caregivers dress residents up in the morning  
6 when get up, and PM shift caregivers change resident to have pajama on when get to bed.  
7  
8 LPA interviewed R1's family (FM), POA in financial and in health. FM stated he/she visits R1 3 to 4 times  
9

10 per week. FM stated he/she observed R1 was changed to pajamas for bed time.  
 11  
 12 On 10/01/2025, LPA interviewed ED. ED stated staff help R1 to have pajama on before goes to bed  
 13 every day, and gets change to wear day clothes in the morning every day. ED stated management  
 14 always checks all residents to wear appropriate dressing every day. ED state Med Tech and caregivers  
 15 always check and verify residents are dressed appropriately before going to bed.  
 16  
 17 **Facility staff did not report concerns brought to their attention:**  
 18 On 8/28/2025, LPA interviewed DN. DN stated he/she did not receive any complaint from R1's family.  
 19 LPA interviewed Marketing Director (MD). MD stated he/she was told by R1's family member (FM), POA,  
 20 that only to answer the general question regarding R1, and let FM to answer for any sensitive  
 21 information regarding or care plan about R1 if anyone asks. MD stated he/she did not receive any  
 22 complaint regarding R1.  
 23  
 24 LPA interviewed R1's family member (FM), R1's POA. FM stated he/she knows another R1's family  
 25 member brought some supplement to R1 but those were not doctor order, so the facility refused to give  
 26 to R1.  
 27  
 28 On 10/01/2025, LPA interviewed ED. ED stated there is no complaints or concern from R1's family. ED  
 29 stated one of R1's family member asked about R1's care plan, but that family member is not R1's POA.  
 30 ED stated the facility provided R1's care plan to R1's POA and asked the other R1's family member to  
 31 talk with R1's POA. ED stated the facility policy is that resident's care plan, medical information are only  
 32 provided to resident's POA.  
 Continue on LIC9099-C. Page 4 of 5.

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	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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**FACILITY NAME:** WESTGATE VILLA **FACILITY NUMBER:** 435202759  
**VISIT DATE:** 11/19/2025

**NARRATIVE**

1 **Facility staff is not providing liquids to resident resulting in dehydration:**  
 2  
 3 On 8/28/2025, LPA interviewed DN. DN stated R1 has water at meals and has water between  
 4 meals/events.  
 5  
 6 LPA interviewed 2 caregivers who have provided care to R1. 1 out of 2 caregivers stated he/she gives  
 7 water to R1 as needed. The other caregiver stated he/she gives water to R1 every two hours.  
 8  
 9 LPA interviewed R1's family member (FM), POA in financial and in health. FM stated he/she visits R1 3-  
 10 4 times per week. FM stated he/she observed R1 has water or drinks for the meals. FM stated he/she  
 11 observed staff provided water or drink to R1 between meals.  
 12  
 13 On 10/01/2025, LPA interviewed ED. ED stated the facility staff hydrate R1 every meal and R1 is offered  
 14 water another 3 times between meals. ED stated the activity staff passing liquid to R1 and residents  
 15 during the activity.  
 16  
 17 Based on the interview on 08/28/2025 with R1's family member (FM) and the explanation on the email  
 18 that FM sent to LPA on 09/15/2025, FM stated he/she is R1's POA in financial and in health and all the  
 19 allegations of the complaint are not true. FM stated the facility staff provide good care to R1.  
 20  
 21 The Department has investigated the above allegations. Based on the investigation, record reviewed,  
 22  
 23

24 and interviews conducted, the Department found that the above allegations are UNFOUNDED, meaning  
25 that the allegation is false, could not have happened and/or is without a reasonable basis.  
26  
27 No citation noted today. Exit interview was conducted with ED. The report was provided to ED for  
28 signature. A copy of the report was provided to ED.  
29  
30 Page 5 of 5.  
31  
32

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