

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 435202783
Report Date: 06/19/2026
Date Signed: 06/19/2026 11:08:29 AM

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 02/24/2026 and conducted by Evaluator Simranjit Rai

	COMPLAINT CONTROL NUMBER: 26-AS-20260224170312
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FACILITY NAME:	CAMDEN SENIOR LIVING	FACILITY NUMBER:	435202783
ADMINISTRATOR:	ALLAN JAY PACIS	FACILITY TYPE:	740
ADDRESS:	1607 INGLIS LANE	TELEPHONE:	(408) 677-3111
CITY:	SAN JOSE	ZIP CODE:	95118
CAPACITY:	6	DATE:	06/19/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	10:05 AM
	CENSUS: 6	TIME	
MET WITH:	Administrator, Allan Jay Pacis	COMPLETED:	11:15 AM

ALLEGATION(S):

1	Facility staff did not address fall risk prevention when resident had a fall at the facility.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Simi Rai conducted an unannounced visit to conclude the complaint investigation. LPA Rai met with Administrator, Allan Jay Pacis and stated the purpose of today's visit.
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3	
4	On 02/24/2026, the Department received a complaint with the above allegations. On 02/25/2026, the
5	Department conducted an initial investigation at the facility. It was alleged that the resident (R1) fell on
6	02/19/2026 and 02/21/2026 and the facility staff did not address fall risk prevention for R1.
7	
8	On 02/25/2026, LPA Rai interviewed 3 staff (S1-S3). Three out of three staff stated there has been a
9	change of condition for R1, wherein R1 started falling at the facility in February 2026. They stated R1 has
10	been restless at night, and not sleeping throughout the night, which has increased the number of falls.
11	They stated R1 has had 3 falls on 02/19/2026, 02/21/2026 and 02/22/2026.
12	
13	Continuation on LIC 9099-C, Page 1 of 2.

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Romeo Manzano	
LICENSING EVALUATOR NAME: Simranjit Rai	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/19/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/19/2026

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 2
Control Number 26-AS-20260224170312

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: CAMDEN SENIOR LIVING	FACILITY NUMBER: 435202783
	VISIT DATE: 06/19/2026

NARRATIVE	
1	Page 2 of 2.
2	Three staff stated the staff called R1's doctor after the first fall and the other 2 falls resulted in R1 being
3	transported to the hospital. Three out of three staff stated there are fall prevention measures in place
4	which were established when R1 moved into the facility. All three staff stated R1's fall prevention which
5	is also documented on R1's Appraisal/Needs and Services Plan are increasing supervision by staff, at
6	least every 2 hour status check and checking on R1 whenever the facility staff pass R1's room in the
7	hallway, placing a commode in resident's room to increase R1's independence and safety, using a bed
8	alarm as a secondary alert to notify staff and encouraging resident to come out to the common areas to
9	interact with other residents. They stated R1's authorized representative is working with hospital staff for
10	physician to assess the resident since R1 had 3 falls in 4 days and no new orders have been given to
11	the facility staff.
12	Based on review of R1's Appraisal/Needs and Services Plan of 12/08/2024, 03/27/2025 and 02/05/2026,
13	facility staff documented R1's objective and plan for risk of fall which was signed by both facility's
14	representatives and resident's authorized representatives. The plan addressed fall risk prevention which
15	included providing a safe, barrier-free environment that encourages independent activity, keeping care
16	area uncluttered, keeping needed items within reach (eg. call light, personal items), promoting regular
17	intentional rounding to assess for position change, pain assessment, personal needs, set/activate
18	auditory alerts, ensure equipment is functioning appropriately, providing adaptive/assistive devices(eg.
19	commode, raised toilet seat, cane, walker), providing appropriate bed/furniture choice for
20	diagnosis/activity, utilize bed rails appropriately, providing stabile/heightened seating and maintaining
21	bed in lowest position with brakes locked.
22	Based on review of R1's Incident Reports, on 02/19/2026, R1 had a fall and facility staff contacted R1's
23	doctor after resident did not complain of any pain. On 02/21/2026, R1 had a fall and facility staff called
24	Kaiser nurse hotline which advised staff to call 911. R1 was taken to the hospital and returned the same
25	day in the evening. On 02/22/2026, R1 had a fall and facility staff called Kaiser nurse hotline which
26	advised staff to call 911 to transport R1 to the hospital.
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28	Based on the interviews conducted with staff and records review, although the allegations may have
29	happened or are valid, there is not a preponderance of evidence to prove that the above allegations did
30	or did not occur, therefore the allegations are UNSUBSTANTIATED.
31	
32	No deficiencies cited from California Code of Regulations, Title 22. Exit interview conducted with
	Administrator, Allan Jay Pacis and a copy of the report was provided.

SUPERVISORS NAME: Romeo Manzano	
LICENSING EVALUATOR NAME: Simranjit Rai	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/19/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/19/2026