

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 435202807
Report Date: 03/10/2026
Date Signed: 03/24/2026 11:00:30 AM

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/21/2025** and conducted by Evaluator Simranjit Rai

	COMPLAINT CONTROL NUMBER: 26-AS-20250721092014
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FACILITY NAME: MERRILL GARDENS AT WILLOW GLEN	FACILITY NUMBER: 435202807
ADMINISTRATOR: GOLDEN, KIM	FACILITY TYPE: 740
ADDRESS: 1420 CURCI DRIVE	TELEPHONE: (408) 283-0941
CITY: SAN JOSE	STATE: CA
CAPACITY: 150	ZIP CODE: 95126
	CENSUS: UNANNOUNCED
MET WITH: Administrator, Ida Gemignani-Stearns	DATE: 03/10/2026
	TIME BEGAN: 08:40 AM
	TIME COMPLETED: 11:40 AM

ALLEGATION(S):

1	Staff do not ensure residents' call buttons are answered in a timely manner.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Simi Rai conducted an unannounced visit to conclude the complaint
2	investigation. LPA Rai met with the Administrator, Ida Gemignani-Stearns and stated the purpose of
3	today's visit. The complaint investigation closed on January 9th, 2026 is being amended due to new
4	information provided to the Department.
5	
6	On 7/21/2025, the Department received a complaint with the above allegations. On 7/29/2025, the
7	Department conducted an initial investigation at the facility.
8	On 7/29/2025, the Department interviewed six staff (S1-S6). One out of six staff does not work with
9	residents with call buttons/pendants and does not have information about call button/pendants response
10	times. Two out of five staff stated there have been issues with the sensors, but the battery or resident's
11	call button/pendant will be replaced.
12	
13	Continuation on LIC 9099-C, Page 1 of 2.

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Romeo Manzano
LICENSING EVALUATOR NAME: Simranjit Rai
LICENSING EVALUATOR SIGNATURE:

DATE: 03/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/10/2026

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 5

Control Number 26-AS-20250721092014

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: MERRILL GARDENS AT WILLOW GLEN

FACILITY NUMBER: 435202807

VISIT DATE: 03/10/2026

NARRATIVE

1 Page 2 of 2.
2 Three out of five staff stated there are issues with system not clearing the resident's call button/pendent
3 which will be documented on the call button/pendent report as not answered. Two out of five staff stated
4 there have been issues where residents pushed the call button and the notification is not logged into the
5 system. Three out of five staff stated there haven't been issues with responding to residents in a timely
6 manner but they are aware that emergencies do exist like responding to a medical intervention or
7 paramedics reporting to the facility which will delay in responding to resident's call button. Five out of
8 five staff stated the staff will routinely check on the residents throughout the day, so they are able to
9 address their concerns in a timely manner without relying on the call button/pendent.
10 On 8/19/2025, the Department interviewed three residents (R1-R3). Two out of three residents refused
11 to be interviewed. Resident (R2) stated there are no issues with staff responding to the resident's call
12 buttons. R2 stated he/she knows how to use the call button pendant and stated the staff will respond
13 within approximately 10 minutes. During the interview, R2 pressed the call button, and LPA Rai
14 observed the response time as 9 minutes, within 10 minutes time frame.
15 Based on review of the response times of call bell pendants for the month of July 2025, the average wait
16 time was within 20 minutes, from when the call button/pendant was pressed to when the call
17 button/pendant was cleared. Based on interviews conducted of the 9 residents whose wait time on
18 average was over 20 minutes, 5 out of 9 residents had moved out of the facility during the investigation.
19 LPA Rai interviewed 4 residents (R4-R7) and 4 out of 4 residents stated there were issues of call
20 buttons being answered over 20 minutes in July 2025 wherein the residents required assistance with
21 ADLs and not medical assistance. All 4 residents stated there were issues with staff not responding to
22 the call bell pendants for over 20 minutes but the staff have improved and they are answering the call
23 bell/pendants more quickly.
24 LPA Rai reviewed no requirement stated in the facility's Admissions Agreement or Resident Handbook in
25 regard to staff response time for resident's call buttons/pendent.
26
27 Based on interviews and observation/inspection of the facility, the preponderance of evidence standard
28 has been met therefore the above allegations is found to be SUBSTANTIATED.
29 Deficiencies were cited from California Code of Regulations, Title 22 during today's visit, see LIC 9099-
30 D. Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may
31 result in a civil penalty assessment. This report was reviewed with Administrator and a copy of the report
32 was provided. Appeal Rights was provided.

SUPERVISORS NAME: Romeo Manzano
LICENSING EVALUATOR NAME: Simranjit Rai
LICENSING EVALUATOR SIGNATURE:

DATE: 03/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/10/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 5

Control Number 26-AS-20250721092014

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CENTRAL COAST CR/RES, 2580 N. FIRST

**COMPLAINT INVESTIGATION REPORT
(Cont)**

STREET, STE. 350
SAN JOSE, CA 95131

FACILITY NAME: MERRILL GARDENS AT WILLOW GLEN
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 435202807
VISIT DATE: 03/10/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/17/2026 Section Cited CCR 87411	1 87411 Personnel Requirements 2 General -Facility personnel shall at all 3 times be sufficient in numbers, and 4 competent to provide the services 5 necessary to meet resident needs. This 6 was not met as evidence by: 7	1 Administrator stated to provide a written 2 plan of action understanding regulation 3 and will ensure call button system is 4 reviewed in a timely manner and all 5 active call button/pendant are 6 addressed in timely manner. 7 Administrator will submit staff training once completed directly to LPA.
	8 Based upon review of staff emergency 9 call button system it was found that 10 month of July 2025, the average wait 11 time was within 20 minutes, from when 12 the call button/pendant was pressed to 13 when the call button/pendant was 14 cleared which poses/posed a potential health, safety or personal rights risk to	8 (cont') persons in care. 9 10 11 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.

SUPERVISORS NAME: Romeo Manzano
LICENSING EVALUATOR NAME: Simranjit Rai
LICENSING EVALUATOR SIGNATURE: _____
DATE: 03/10/2026

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FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 03/10/2026

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>COMPLAINT INVESTIGATION REPORT</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131</p>
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ADDRESS: 1420 CURCI DRIVE
CITY: SAN JOSE

STATE: CA

FACILITY TYPE: 740
TELEPHONE: (408) 283-0941
ZIP CODE: 95126

CAPACITY:

CENSUS:

DATE:

03/10/2026

UNANNOUNCED TIME BEGAN:

08:40 AM

MET WITH:

Administrator, Ida Gemignani-Stearns

TIME

11:40 AM

COMPLETED:

ALLEGATION(S):

1	Staff do not ensure residents' medications are dispensed in a timely manner.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Simi Rai conducted an unannounced visit to conclude the complaint
2	investigation. LPA Rai met with the Administrator, Ida Gemignani-Stearns and stated the purpose of
3	today's visit.
4	
5	On 7/21/2025, the Department received a complaint with the above allegations. On 7/29/2025, the
6	Department conducted an initial investigation at the facility. It was alleged that the residents' morning
7	medications are not administered until 11:00am.
8	
9	On 7/29/2025, the Department interviewed six staff (S1-S6). Six out of six staff members stated there
10	was an incident on 7/27/2025 wherein there was no Medication Technician that reported to work at 7am.
11	
12	Continuation on LIC 9099-C, Page 1 of 2.
13	

Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Romeo Manzano	
LICENSING EVALUATOR NAME: Simranjit Rai	
LICENSING EVALUATOR SIGNATURE:	DATE: 03/10/2026

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 LIC9099 (FAS) - (06/04) Page: 4 of 5
Control Number 26-AS-20250721092014

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: MERRILL GARDENS AT WILLOW GLEN **FACILITY NUMBER:** 435202807
VISIT DATE: 03/10/2026

NARRATIVE

1	Page 2 of 2.
2	
3	Six out of six staff stated the managing director did come to the facility and covered the shift. Three out
4	of six staff members were aware there were two managing directors on the floor administering
5	medications. Three out of six staff members stated there was a delay in residents receiving medication,
6	but they received the medication before 11am on 7/27/2025.
7	
8	On 8/19/2025, the Department interviewed three residents (R1-R3). Two out of three residents refused
9	to be interviewed. Resident (R2) stated there were no issues with medications, including the
10	medications given on 7/27/2025. R2 stated the staff will come back if R2 is busy receiving the
11	medication.
12	
13	Based on review of facility's Program Plan on Medication Management, page 12 out of 16 states
14	medication should be distributed based on prescriber orders. LPA Rai reviewed no requirement stated in
15	the facility's Admissions Agreement or Resident Handbook in regard to time response for distributing
16	medications.
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Based on review of the Time Variance Report at 5 random residents Medication Administration, LPA Rai reviewed the medication administered on 7/27/2025. LPA Rai reviewed managing director's signature on administering the mediations on 7/27/2025 to the residents and note was made that the medication was given but was charted late on the resident's file.

The Department has completed the investigation of the above allegations. Based on interviews conducted and record reviews, the department has found that the above allegations were UNFOUNDED, meaning that the allegations were false, could not have happened and/or are without a reasonable basis.

No deficiencies cited from California Code of Regulations, Title 22. Exit interview conducted with Administrator, Ida Gemignani-Stearns and a copy of the report was provided.

SUPERVISORS NAME: Romeo Manzano
LICENSING EVALUATOR NAME: Simranjit Rai
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 03/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 03/10/2026