

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 435202937

Report Date: 03/18/2026

Date Signed: 03/18/2026 04:26:02 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 **01/09/2026** and conducted by Evaluator Chihhsien Chang

	<b>COMPLAINT CONTROL NUMBER: 26-AS-20260109162214</b>
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<b>FACILITY NAME:</b> WATERMARK AT SAN JOSE, THE	<b>FACILITY NUMBER:</b> 435202937
<b>ADMINISTRATOR:</b> KELLIE SHEARER	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 1017 S BASCOM AVE	<b>TELEPHONE:</b> (520) 797-4000
<b>CITY:</b> SAN JOSE	<b>ZIP CODE:</b> 95128
<b>CAPACITY:</b> 205	<b>DATE:</b> 03/18/2026
<b>MET WITH:</b> Jolie Higgins	<b>UNANNOUNCED TIME BEGAN:</b> 10:10 AM
	<b>TIME COMPLETED:</b> 11:10 AM

### ALLEGATION(S):

1	Staff are not following a resident's hospice care plan.
2	Staff are not responding to resident's call button.
3	Staff left a resident in a soiled diaper.
4	
5	
6	
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) Jolie Higgins.
2	
3	
4	On 01/09/2026, the Department received a complaint with the above 3 allegations.
5	
6	On 01/16/2026, the Department conducted an initial investigation visit.
7	
8	LPA interviewed 4 staff, 10 residents, and 2 families of resident.
9	
10	LPA requested resident R1's physician report and care plans.
11	
12	Continue on LIC9099-C. Page 1 of 4.
13	

<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:** 03/18/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/18/2026

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-20260109162214

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:** WATERMARK AT SAN JOSE, THE

**FACILITY NUMBER:** 435202937

**VISIT DATE:** 03/18/2026

### NARRATIVE

1 **Staff are not following a resident's hospice care plan:**

2

3 The allegation is that the facility staff did not provide shower service to resident R1, did not reposition  
4 R1, and did not provide catheter care service to R1.

5

6 On 01/16/2026, LPA interviewed Assisted Living Director (ALD). ALD stated resident R1 uses external  
7 catheter and it does not need nurse to change external catheter or empty the catheter bag. ALD stated  
8 Med Tech, caregivers, and resident's family member are allowed to provide external catheter care to  
9 resident. ALD stated R1's family (FM) requested to do R1's external catheter care. ALD stated R1 needs  
10 shower/bath 2 times per week and R1's hospice care agency conducts the shower service for R1. ALD  
11 stated FM repositions R1 every 4 hours and the facility just provides reminder and assistance for R1's  
12 reposition. ALD stated FM requested the facility to provide "minimal" service to R1, and FM and R1's  
13 spouse (FM1) can provide care to R1 because FM is most of time in R1's room and FM1 is R1's  
14 roommate. ALD stated he/she is unsure if FM has financial concern and requested the facility to provide  
15 minimal service to R1.

16

17 LPA interviewed Health and Wellness Director (HWD). HWD stated R1 uses external catheter and it  
18 does not need nurse to do the external catheter care. HWD provided R1's care plan to show that R1's  
19 external catheter care is conducted by FM, R1's showers is conducted by R1's hospice care agency,  
20 and FM conducted the reposition for R1 every 4 hours and the facility staff just provide reminder and  
21 assistance for R1's reposition. HWD stated FM requested that staff not to enter R1's room between  
22 10:00PM to 6:00AM. HWD stated FM requested staff to check R1 every 4 hour and FM will use call  
23 button to call the facility if R1 needs assistance. HWD stated FM signed all R1's care plans.

24

25 On 02/26/2026, LPA interviewed HWD. HWD stated in 01/08/2026 meeting, FM requested the facility  
26 not to enter R1's room between 10:00PM to 6:00AM. HWD stated on 1/14/2026, FM changed R1's  
27 hospice care agency.

28

29  
30  
31 Continue on LIC9099-C. Page 2 of 4.

32

**SUPERVISORS NAME:** Romeo Manzano  
**LICENSING EVALUATOR NAME:** Chihhsien Chang  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 03/18/2026

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**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/18/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 4

**Control Number** 26-AS-20260109162214

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:** WATERMARK AT SAN JOSE, THE

**FACILITY NUMBER:** 435202937

**VISIT DATE:** 03/18/2026

**NARRATIVE**

1 On 3/13/2026, LPA interviewed FM. FM confirmed he/she has changed R1's hospice care agency. FM  
2 stated he/she requested to have a meeting with the facility on 01/08/2026 to review and update R1's  
3 care plan based on R1's health condition. FM stated the facility already improves a lot. FM stated he/she  
4 conducts R1's external catheter care and the hospice care agency conducts R1's shower service 2  
5 times per week. FM stated he/she conducts R1's reposition every 4 hours and the facility staff provide  
6 reminder and assistance.  
7  
8 Based on the review of R1's care plans dated on 11/26/2025 and 01/08/2026, R1 has bath service 2  
9 times per week by R1's hospice care agency, FM provides R1's catheter care, and reposition R1 every 4  
10 hours. The facility staff provide reminder and assistance for R1's reposition.  
11  
12 **Staff are not responding to resident's call button:**  
13  
14 On 01/16/2026, LPA interviewed Human Resource Director (HRD). HRD stated the facility staff respond  
15 to call button within 20 minutes. HRD stated the facility investigates/reviews the cases that staff respond  
16 to call button longer than 20 minutes.  
17  
18 LPA interviewed Assisted Living Director (ALD). ALD stated the facility staff respond to resident's call  
19 button within 20 minutes.  
20  
21 LPA interviewed Health and Wellness Director (HWD). HWD stated the facility staff respond to call  
22 button within 15-20 minutes.  
23  
24 LPA interviewed resident R1's family (FM). FM stated he/she presses the call button very often because  
25 he/she requests the facility staff to enter R1's room at minimal as possible like every 4 hours and not to  
26 enter R1's room between 10:00PM to 6:00AM. FM stated the facility staff never un-responding to R1's  
27 call button. FM stated he/she does not have the date and time that the staff respond to call button not in  
28 a timely manner.  
29  
30  
31  
32 Continue on LIC9099-C. Page 3 of 4.

**SUPERVISORS NAME:** Romeo Manzano

**LICENSING EVALUATOR NAME:** Chihhsien Chang

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LIC9099 (FAS) - (06/04)

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
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CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350  
SAN JOSE, CA 95131

**COMPLAINT INVESTIGATION REPORT (Cont)**

**FACILITY NAME:** WATERMARK AT SAN JOSE, THE

**FACILITY NUMBER:** 435202937

**VISIT DATE:** 03/18/2026

**NARRATIVE**

1 On 2/26/2026, LPA interviewed HWD. HWD stated the facility respond to call button within 20 minutes  
2 but if the residents request more service like nurse service, then it may take longer to finish. HWD stated  
3 the call button will be reset after the service completes even though caregivers respond immediately.  
4 HWD explained that is why some items in the call button log takes longer to clear.  
5  
6 LPA interviewed 8 residents, 3 Out of 8 residents stated staff came with 10 minutes when they pressed  
7 call buttons and 5 Out of 8 residents stated they never used call buttons.  
8  
9 On 3/13/2026, LPA interviewed FM. FM stated he/she does not gave the date and time that staff are not

10 responding to resident's call button.

11

12 **Staff left a resident in a soiled diaper:**

13

14 On 01/16/2026, LPA interviewed Assisted Living Director (ALD) and Health and Wellness Director  
15 (HWD). Both stated R1's family (FM) conducts R1's catheter care.

16

17 On 3/13/2026, LPA interviewed FM. FM stated he/she conducts R1's catheter care management, and  
18 the facility staff do not need to check/change R1's diaper every two hours.

19

20 Based on the review of R1's care plan dated on 11/26/2025 and 01/08/2026, FM conducted R1's  
21 catheter care.

22

23

24

25 The Department has investigated the above allegations. Based on the investigation, records reviewed,  
26 and interviews conducted, the Department found that the above allegation is **UNFOUNDED**, meaning  
27 that the allegation is false, could not have happened and/or is without a reasonable basis.

28

29 No citations noted at today's compliant investigation visit. Exit interview was conducted with ED. This  
30 report was provided to review and for signature. A copy of this report was provided to ED.

31

32

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