

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 445202625
Report Date: 03/08/2025
Date Signed: 03/08/2025 12:00:26 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 **06/08/2022** and conducted by Evaluator Pang Lee

PUBLIC	COMPLAINT CONTROL NUMBER: 26-AS-20220608143013
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FACILITY NAME: ALEXANDRIA VICTORIA 2	FACILITY NUMBER: 445202625
ADMINISTRATOR: GRYSPOS JR, JOHN	FACILITY TYPE: 740
ADDRESS: 228 MORRISSEY BLVD	TELEPHONE: (831) 429-9137
CITY: SANTA CRUZ	STATE: CA
CAPACITY: 8	ZIP CODE: 95062
MET WITH: John Gryspos	CENSUS: 6
	DATE: 03/08/2025
	UNANNOUNCED TIME BEGAN: 10:30 AM
	TIME COMPLETED: 11:00 AM

ALLEGATION(S):

1	Facility does not have adequate food supplies
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INVESTIGATION FINDINGS:

1	On at 03/08/25, Licensing Program Analyst (LPA) Pang Lee arrived unannounced to this facility to
2	conduct a complaint visit. LPA met with administrator John Gryspos and explained the purpose of the
3	visit. The purpose of this visit is to deliver complaint finding for the allegation above. The current census
4	is 6. A brief interview with conducted with the administrator.
5	
6	It was alleged that facility does not have adequate food supplies. This investigation consisted of
7	observations and interviews with facility staff. On 11/23/24 facility visit, LPA Lee observed sufficient 2
8	days perishable supplies and 7 days nonperishable of food supplies in the facility. Furthermore, during
9	today LPA Lee also observed sufficient 2 days perishable and 7 days nonperishable of food supplies. In
10	an interview with administrator John Gryspos groceries are done every Saturday of the week.
11	
12	Continued LIC
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Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Czarrina A Camilon-Lee

NAME OF LICENSING PROGRAM ANALYST: Pang Lee

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/08/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/08/2025

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-20220608143013

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: ALEXANDRIA VICTORIA 2

FACILITY NUMBER: 445202625

VISIT DATE: 03/08/2025

NARRATIVE

- 1 LPA Lee interviewed 2 out of 2 resident who stated that they have no concerns that the facility does not
- 2 have adequate food supplies. Based on the interviews conducted during the investigation process LPA
- 3 was unable to corroborate the allegations.
- 4
- 5 The investigation revealed the preponderance of evidence standards have not been met; therefore, the
- 6 above allegations are found to be UNSUBSTANTIATED. A finding that the complaint allegations are
- 7 UNSUBSTANTIATED means that although the allegations may have happened or are valid, there is not
- 8 a preponderance of the evidence to prove that the alleged violation(s) occurred.
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- 10 Per California Code of Regulations (CCRs) - Title 22, Division 6, Chapter 6, no deficiencies were cited.
- 11 A copy of this report was provided. Exit interview.
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NAME OF LICENSING PROGRAM MANAGER: Czarrina A Camilon-Lee

NAME OF LICENSING PROGRAM ANALYST: Pang Lee

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/08/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/08/2025

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/08/2022** and conducted by Evaluator Pang Lee

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ADMINISTRATOR:GRYSPOS JR, JOHN
ADDRESS: 228 MORRISSEY BLVD
CITY: SANTA CRUZ
CAPACITY: 8

STATE: CA
CENSUS: 6
UNANNOUNCED

FACILITY TYPE: 740
TELEPHONE: (831) 429-9137
ZIP CODE: 95062
DATE: 03/08/2025
TIME BEGAN: 10:30 AM
COMPLETED: 11:00 AM

MET WITH: John Gryspos**ALLEGATION(S):**

- | | |
|---|---|
| 1 | Staff did not receive required trainings. |
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INVESTIGATION FINDINGS:

- | | |
|----|--|
| 1 | On at 03/08/25, Licensing Program Analyst (LPA) Pang Lee arrived unannounced to this facility to |
| 2 | conduct a complaint visit. LPA met with administrator John Gryspos and explained the purpose of the |
| 3 | visit. The purpose of this visit is to deliver complaint finding for the allegation above. The current census |
| 4 | is 6. A brief interview with conducted with the administrator. |
| 5 | |
| 6 | It was alleged that staff did not receive required trainings. This investigation consisted of records |
| 7 | reviewed and interviews with staff. On 11/23/24 LPA Lee reviewed 3 out of 4 facility staff files and they |
| 8 | were incomplete. Two of the facility staff files did not have 20 hours of continual trainings.1 out of 4 staff |
| 9 | did not have a current first aid/CPR. It was learned that staff 1 (S1) first aid/CCR had expired on 10/27/24 |
| 10 | and renewed on 11/30/24 and emailed to LPA Lee 12/01/24. In an interview with administrator John |
| 11 | Gryspos LPA Lee was informed that S1 didn't have a current first aid/CPR. |
| 12 | |
| 13 | LIC 9099-C |

Substantiated**Estimated Days of Completion:****NAME OF LICENSING PROGRAM MANAGER:** Czarrina A Camilon-Lee**NAME OF LICENSING PROGRAM ANALYST:** Pang Lee**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 03/08/2025

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 03/08/2025

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-20220608143013**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** ALEXANDRIA VICTORIA 2**FACILITY NUMBER:** 445202625**VISIT DATE:** 03/08/2025

NARRATIVE

1 Moreover, in an interview with administrator facility staff has completed their required trainings and first
 2 aid/CPR; however, the documents were not in staff files during the visit.
 3
 4 As a result, this allegation is SUBSTANTIATED. A finding that the complaint is substantiated means that
 5 the allegations are valid because the preponderance of the standard has been met. Deficiency cited on
 6 the LIC 9099-D, per Title 22 Regulations. An exit interview was conducted with the administrator and a
 7 copy of this LIC 9099, LIC 9099-D page and appeal rights provided to facility.
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NAME OF LICENSING PROGRAM MANAGER: Czarrina A Camilon-Lee
NAME OF LICENSING PROGRAM ANALYST: Pang Lee
LICENSING PROGRAM ANALYST SIGNATURE: _____ **DATE:** 03/08/2025

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FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 03/08/2025

LIC9099 (FAS) - (06/04)

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Control Number 26-AS-20220608143013

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
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FACILITY NAME: ALEXANDRIA VICTORIA 2

FACILITY NUMBER: 445202625

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/08/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/08/2025 Section Cited CCR 1569.625(b)	1 1569.625 Staff training; legislative 2 findings; contents 3 (b)(1) The department shall adopt 4 regulations to require staff members of 5 residential care facilities for the elderly 6 who assist residents with personal 7 activities of daily living to receive appropriate training. This training shall consist of 40 hours of training....	1 Facility Administrator stated that a 2 review of the section cited will be 3 conducted. A statement of correction, 4 along with proof of staff training for no 5 less than (1) hour in duration, for the 6 cited section will 7

		This requirement is not met as evidence by:		
	8 9 10 11 12 13 14	Based on observation and record reviews the Licensee did not ensure 3 facility staff had 20 hours of continual education training and first aid/CPR current. This posed a potential health, safety, and personal rights risks to	8 9 10 11 12 13 14	be completed and submitted to the LPA's email at pang.lee@dss.ca.gov by the due date of 03/22/25 COB at 5:00pm. Information submitted must include. Attendees, trainers, and information discussed.
	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.

NAME OF LICENSING PROGRAM MANAGER: Czarrina A Camilon-Lee

NAME OF LICENSING PROGRAM ANALYST: Pang Lee

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/08/2025

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FACILITY REPRESENTATIVE SIGNATURE:

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