

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 071440541

Report Date: 11/19/2025

Date Signed: 11/19/2025 03:56:46 PM

### Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION E BAY DELTA AC/SC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/07/2025** and conducted by Evaluator Lori Alexander-Washington

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 15-AS-20250707103621</b>
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<b>FACILITY NAME:</b> CHATEAU PLEASANT HILL	<b>FACILITY NUMBER:</b> 071440541
<b>ADMINISTRATOR:</b> JOHN MCCRAW	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 2726-2770 PLEASANT HILL RD.	<b>TELEPHONE:</b> (925) 935-1660
<b>CITY:</b> PLEASANT HILL	<b>ZIP CODE:</b> 94523
<b>CAPACITY:</b> 165	<b>DATE:</b> 11/19/2025
<b>MET WITH:</b> Jon McCraw, Executive Director	<b>UNANNOUNCED TIME BEGAN:</b> 03:15 PM
	<b>TIME COMPLETED:</b> 04:00 PM

#### ALLEGATION(S):

1	Staff are not following residents incontinent plan
2	Staff are not following residents special diet
3	Staff did not ensure residents hospital bed was set up for resident
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#### INVESTIGATION FINDINGS:

1	On 11/19/2025 at 3:15 PM, Licensing Program Analyst (LPA) L. Alexander conducted a subsequent visit and met with Executive Director (ED), Jon McCraw to deliver findings of above allegation. LPA explained the purpose of the visit with ED.
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5	During the investigation LPAs interviewed Staff (S) and Residents (R). The following documents were obtained: Resident's (R1's) Admissions Agreement, Physician's Report, Face Sheet, Contenance Care
6	Resident Roster, Staff Roster, Monthly Task Logs (05/25, 06/25, 07/25), Service Plan Detail (05/08/25),
7	Hospice Care Plan Calendar, Hospice Care Notes (Started 04/27/25), Hospice IDG Comprehensive
8	Assessment and Plan of Care Update Report (05/21/2025), Progress Notes, "notes for family"
9	(07/13/2025), Pleasant Hill Police Incident Report #2507070026 (07/07/2025) and DME order delivery
10	receipt (04/25/25).
11	
12	
13	LIC9099-C Continued...

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Bennett Fong  
**LICENSING EVALUATOR NAME:** Lori Alexander-Washington  
**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 3

**Control Number** 15-AS-20250707103621

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
E BAY DELTA AC/SC, 1515 CLAY STREET, STE. 310  
OAKLAND, CA 94612

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** CHATEAU PLEASANT HILL

**FACILITY NUMBER:** 071440541

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

### NARRATIVE

1 LIC9099-C (Page 2)  
2

3 Allegation: Staff are not following resident's incontinent plan  
4

5 Finding: **Unsubstantiated**  
6

7 LPA reviewed R1's Service Plan dated 05/08/25, which indicates that R1 requires  
8 Contenance Care six (6) times per day, with care partners completing brief checks  
9 every two (2) hours to ensure R1 remains clean and dry.  
10

11 Review of chart notes dated 07/13/25 – 07/17/25 indicates that care partners were  
12 performing checks every two hours to reposition R1 and ensure they were clean and  
13 dry, as documented. In addition, the staffing schedule confirmed caregiver coverage  
14 for the required six-times-per-day continence care schedule.  
15  
16

17 Allegation: Staff are not following resident's special diet  
18

19 Finding: **Unsubstantiated**  
20

21 LPA reviewed R1's Physician's Order dated 07/02/25, which prescribes a pureed diet  
22 with thin liquids.  
23

24 Review of chart notes dated 07/13/25 – 07/17/25 reflects that staff offered R1 foods  
25 and liquids consistent with the ordered diet, including soup, yogurt, pudding, mashed  
26 potatoes, Cream of Wheat, cranberry juice, and water. Documentation indicates that  
27 R1 would eat or drink at times and would occasionally refuse food, which is within  
28 resident rights.  
29  
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31  
32

LIC9099-C

**SUPERVISORS NAME:** Bennett Fong  
**LICENSING EVALUATOR NAME:** Lori Alexander-Washington  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 11/19/2025

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**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/19/2025

LIC9099 (FAS) - (06/04)

Page: 2 of 3

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
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**COMPLAINT INVESTIGATION REPORT  
(Cont)**

E BAY DELTA AC/SC, 1515 CLAY STREET, STE.  
310  
OAKLAND, CA 94612

**FACILITY NAME:** CHATEAU PLEASANT HILL

**FACILITY NUMBER:** 071440541

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

**NARRATIVE**

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LIC9099-C (Page 3)

Allegation: Staff did not ensure resident's hospital bed was set up for resident  
Finding: **Unsubstantiated**

S1 stated that once they knew that the mattress was delivered they put the mattress in place. LPA reviewed records that showed delivery of DME including mattress was completed on 04/25/25.

Although the allegations may have happened or is valid, there is not a preponderance of evidence to prove the alleged violations did or did not occur, therefore the allegations is **UNSUBSTANTIATED**.

Exit interview conducted and a copy of this report provided.

**SUPERVISORS NAME:** Bennett Fong  
**LICENSING EVALUATOR NAME:** Lori Alexander-Washington  
**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