

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 075600194

Report Date: 11/18/2025

Date Signed: 11/18/2025 02:02:13 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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/27/2024** and conducted by Evaluator Lori Alexander-Washington

PUBLIC	COMPLAINT CONTROL NUMBER: 15-AS-20241227153732
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FACILITY NAME: CHATEAU III	FACILITY NUMBER: 075600194
ADMINISTRATOR: TRACEY INGLEMAN	FACILITY TYPE: 740
ADDRESS: 175 CLEVELAND ROAD	TELEPHONE: (925) 935-1001
CITY: PLEASANT HILL	ZIP CODE: 94523
CAPACITY: 175	DATE: 11/18/2025
STATE: CA	UNANNOUNCED TIME BEGAN: 11:15 AM
CENSUS: 139	TIME COMPLETED: 02:15 PM
MET WITH: Tracey Ingleman, Executive Director	

ALLEGATION(S):

1	Resident sustained a broken arm while in care
2	Facility failed to provide adequate care to resident
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INVESTIGATION FINDINGS:

1	On 11/18/2025 at 11:15 AM, Licensing Program Analyst (LPA) L. Alexander conducted a subsequent visit and met with Executive Director (ED), Tracey Ingleman, to deliver the findings of above allegations. LPA explained the purpose of the visit with ED.
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5	During investigation, the Department obtained the following documents from the facility – Resident (R) Registry, Staff (S) Roster, Physician's Reports for R1-R6, Incident Reports for R1-R2, Assessments, Care Plans for R1-R6, Admissions Agreements for R1-R2, Physician's Orders for R2-R6, Face Sheet/Health ID for R1-R6, and medical records for R1
6	
7	
8	
9	
10	The Department interviewed Staff (S), Residents (R) and Witnesses (W).
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12	LIC9099-C Continued...
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Bennett Fong
LICENSING EVALUATOR NAME: Lori Alexander-Washington
LICENSING EVALUATOR SIGNATURE:

DATE: 11/18/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/18/2025

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 5

Control Number 15-AS-20241227153732

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
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OAKLAND, CA 94612

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: CHATEAU III

FACILITY NUMBER: 075600194

VISIT DATE: 11/18/2025

NARRATIVE

1 LIC9099-C (Page 2)

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Allegation: Resident sustained a broken arm while in care

Investigation Finding: **Unsubstantiated**

The Department found that on 10/10/2024, at or around 0555 hours, S1 found R1 on the floor of R1's kitchenette when conducting an incontinence check. R1 reported that they had gotten up to get something to drink on their own. R1 did not press their pendant to request staff's help. S1 called the overnight supervisor S2, who responded and assessed R1. R1 complained of pain and injury to their head and left arm. R1 was transported to John Muir Medical Center via ambulance. While in the ambulance, R1 reported that they stood up to try to get a pill and fell landing on their left shoulder and face and was unable to get up. R1 was also found to have a Urinary Tract Infection (UTI). R1 underwent a Computed Tomography (CT) scan, which showed a fracture of the left humeral head, neck, and proximal diaphysis. R1's face was also bruised on the left side as well as their left shoulder.

R1's responsible party is aware of at least six falls and said most of R1's falls were due to a history of UTIs. R1 has a wrist pendant that they can press to alert and request staff's assistance. W1 stated that there are no real fall prevention methods in place for R1 other than frequent checks, escort assistance, and the wrist pendant. Staff interviewed vaguely recalled details of R1's fall from 10/10/2024, but stated R1 got up on their own and did not press their pendant button to ask staff for help, despite being bed bound and unable to stand up or walk on their own. S2 said a family conference would be held and a resident's care plan would be amended to add additional services when a resident falls more than three times within a 30-day period.

LIC9099-C Continued...

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LIC9099 (FAS) - (06/04)

Page: 2 of 5

Control Number 15-AS-20241227153732

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: CHATEAU III

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NARRATIVE1 LIC9099-C (Page 3)
2

3 The Department reviewed R1's file and observed that while the MD report indicates
4 R1 to have been a fall risk, there was no documented fall between 2/1/24 and the
5 subject incident of 10/10/24. The records also indicate that from 9/1/24 and 11/30/24,
6 there was 1 fall (the subject incident). The Department found that information
7 obtained was insufficient to confirm that staff had not performed a need which
8 resulted in the fall, injury, and hospitalization. Staff schedule indicates that 6 care
9 staff were on duty at the time of the incident.
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13 The Department has investigated this allegation and although the allegation may
14 have happened or is valid, there is not a preponderance of evidence to prove that
15 the subject incident was specifically due to neglect. Therefore, the allegation is
16 Unsubstantiated.
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19 Allegation: Facility failed to provide adequate care to resident
20 Investigation Finding: **Unsubstantiated**
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22 The Department reviewed documentation indicating that R1 has sustained 16 falls at
23 the facility since their admission in 2022. One Unusual Incident Report, dated
24 10/10/24, indicated that a caregiver found R1 on the floor in their room during an
25 incontinence check. R1 complained of head and left arm pain/injury. Staff #3 (S3)
26 contacted Staff #4 (S4), who then called 911.
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29 No other incidents were documented between 09/01/24 and 11/30/24. A review of
30 R1's Physician's Report (dated 12/21/23) and Bi-Annual Assessment, (dated
31 12/03/24), indicates that R1 diagnosis is sepsis due to Urinary Tract Infection (UTI),
32 has a history of frequent falls, history of Cerebral Vascular Accident (CVA)

LIC9099-C Continued...

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LIC9099 (FAS) - (06/04)

Page: 4 of 5

Control Number 15-AS-20241227153732**COMPLAINT INVESTIGATION REPORT
(Cont)**

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NARRATIVE1 LIC9099-C (Page 4)
2

3 and utilizes multiple assistive devices, including glasses, half bed rails, hospital bed,
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5 pendant, raised toilet seat, shower bench, walker, and wheelchair. R1 cannot
6 ambulate without assistance and requires staff to escort them for 30 minutes per day
7 due to concerns regarding balance and gait.
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10 Records further note that R1 has sustained two or more falls within the past year,
11 has expressed fear of falling, and has sustained injuries as a result of previous falls.
12 It was also documented that R1 was not participating in the "Safely You Fall
13 Monitoring Program."
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16 Since admission on 04/22/22, R1 has sustained a total of 16 falls: five in 2022,
17 seven in 2023, three in 2024, and one in 2025. On 11/18/25, record review and
18 interviews with S1 and S2 confirmed that R1 was identified as a fall risk at
19 admission. S1 stated that the community protocol requires a discussion with the
20 resident's responsible party if three falls occur within a 30-day period. S1 reported
21 that R1's falls did not meet this threshold, as they occurred sporadically. S1 further
22 stated that staff implemented alert charting, full assessments, and hourly checks for
23 R1. *Safely You* was offered to the responsible party, who declined participation. S1
24 also stated that R1's current care plan includes "Full Care" for ADLs, medication
25 management, continence care, and escort services.
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31 LIC9099-C Continued...
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NARRATIVE

1 LIC9099-C (Page 5)
2
3 Based on records review, interviews conducted, and observations made, the
4 Department has investigated the above allegations of "Resident sustained a broken
5 arm while in care" and "Facility failed to provide adequate care to resident" to be
6 unsubstantiated. A finding that the complaint allegations are unsubstantiated means
7 that although the allegations may have happened or are valid, there is not a
8 preponderance of the evidence to prove that the alleged violations occurred.
9 Therefore, the allegations of Resident sustained a broken arm while in care and
10 Facility failed to provide adequate care to resident is **Unsubstantiated**.
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14 Exit interview conducted and a copy of this report provided.
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