

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 075600575
Report Date: 05/30/2025
Date Signed: 05/30/2025 05:22:31 PM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 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 **05/06/2025** and conducted by Evaluator Lisha Holmes

PUBLIC	COMPLAINT CONTROL NUMBER: 15-AS-20250506154801
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FACILITY NAME: EL CERRITO ROYALE	FACILITY NUMBER: 075600575
ADMINISTRATOR: GIVENS, SONJA	FACILITY TYPE: 740
ADDRESS: 6510 GLADYS AVENUE	TELEPHONE: (510) 234-5200
CITY: EL CERRITO	STATE: CA ZIP CODE: 94530
CAPACITY: 145	CENSUS: 99 DATE: 05/30/2025
MET WITH: Tracy Gibson, AED.	UNANNOUNCED TIME BEGAN: 03:00 PM
	TIME COMPLETED: 05:45 PM

ALLEGATION(S):

1	Staff does not provide adequate supervision resulting in resident wandering away from facility.
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INVESTIGATION FINDINGS:

1	On 05/30/25 around 03:00 PM, Licensing Program Analyst (LPA) L. Holmes conducted an unannounced
2	visit to deliver the above complaint finding. LPA met with Tracy Gibson, Assistant ED and explained the
3	purpose of the visit.
4	
5	During the investigation, LPA toured the facility and interviewed Staff (S2, S3, S4, S5, S6), Witnesses
6	(W1, W2, W3), reviewed and requested Staff and Resident roster, and the following documents from
7	Resident's (R1, R2, R3, R4, R5, R6, R7) file: Physician's Report(s), Identification and Emergency
8	Information, Appraisal Needs and Services Plan, any elopements for April-May, and LIC 500.
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10	
11	Allegation: SUBSTANTIATED
12	Continued on LIC9099C...
13	

Substantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios

NAME OF LICENSING PROGRAM ANALYST: Lisha Holmes

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/30/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/30/2025

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 15-AS-20250506154801

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1515 CLAY STREET, STE. 310
OAKLAND, CA 94612

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: EL CERRITO ROYALE

FACILITY NUMBER: 075600575

VISIT DATE: 05/30/2025

NARRATIVE

1 ...Continued from LIC9099.

2

3 **Staff does not provide adequate supervision resulting in resident wandering away from facility.**
4 LPA reviewed a sample of Residents records (R1, R2, R3). The LIC602 dated 02/25/25 for R1 revealed
5 the R1 has macular degeneration, essential tremors, Mild Cognitive Impairment (MCI), and is unable to
6 leave the facility unassisted. R1's LIC 624 dated 05/20/25 reports that on 05/13/25 R1 left the facility
7 without supervision and was returned to the facility by El Cerrito Police department. S6 stated that the
8 staffing was questionable, and both Assisted Living and Memory Care's staffing should be assessed,
9 and S7 stated that there should be more focus on the actual care of the residents.

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11 Based on information obtained, the allegation is **SUBSTANTIATED**. A finding that the complaint is
12 substantiated means that the allegation is valid because the preponderance of the evidence standard
13 has been met.

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15 Exit interview conducted, appeal rights and a copy of this report provided Tracy Gibson, AED.

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NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios

NAME OF LICENSING PROGRAM ANALYST: Lisha Holmes

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/30/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/30/2025

LIC9099 (FAS) - (06/04)

Page: 2 of 5

Control Number 15-AS-20250506154801

**COMPLAINT INVESTIGATION REPORT
 (Cont)**

FACILITY NAME: EL CERRITO ROYALE

FACILITY NUMBER: 075600575

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 05/30/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 06/02/2025 Section Cited CCR 87463(j)	1 The licensee shall evaluate staffing 2 needs to ensure that there is a 3 sufficient number of direct care staff, as 4 specified in Section 87411, Personnel 5 Requirements – General, to support 6 each resident's physical, social, 7 emotional, safety and health care needs, as identified in their current appraisal.	1 Licensee (LIC) to establish new 2 admissions protocol to review resident 3 records, LIC602, preappraisal needs 4 and services to ensure sufficient trained 5 staff are available for the care and 6 services of all residents. LIC & staff to 7 certify with signatures that the regulation has been reviewed by POC.
	8 -This requirement is not met as 9 evidenced by: 10 11 Supervision was not present to prevent 12 R1 from leaving the facility unassisted 13 per R1's physician's report. 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.

NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios
NAME OF LICENSING PROGRAM ANALYST: Lisha Holmes
LICENSING PROGRAM ANALYST SIGNATURE: _____ **DATE:** 05/30/2025

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MET WITH: Tracy Gibson, AED.

ALLEGATION(S):

1	Staff leaves resident soiled for an extended period of time.
2	
3	Staff does not ensure to dispose expired medical care supplies.
4	
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INVESTIGATION FINDINGS:

1	On 05/30/25 around 03:00 PM, Licensing Program Analyst (LPA) L. Holmes conducted an unannounced
2	visit to deliver the above complaint finding. LPA met with Tracy Gibson, Assistant ED and explained the
3	purpose of the visit.
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5	During the investigation, LPA toured the facility and interviewed Staff (S2, S3, S4, S5, S6), Witnesses
6	(W1, W2, W3), reviewed and requested Staff and Resident roster, and the following documents from
7	Resident's (R1, R2, R3, R4, R5, R6, R7) file: Physician's Report(s), Identification and Emergency
8	Information, Appraisal Needs and Services Plan, any elopements for April-May, and LIC 500.
9	
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11	Allegation: UNSUBSTANTIATED
12	Continued on LIC9099C...
13	

Unsubstantiated	Estimated Days of Completion:
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NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios
NAME OF LICENSING PROGRAM ANALYST: Lisha Holmes
LICENSING PROGRAM ANALYST SIGNATURE: _____ **DATE:** 05/30/2025

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LIC9099 (FAS) - (06/04) Page: 4 of 5

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FACILITY NAME: EL CERRITO ROYALE **FACILITY NUMBER:** 075600575
VISIT DATE: 05/30/2025

NARRATIVE	
1	...continued from LIC9099A.
2	
3	Allegation: UNSUBSTANTIATED
4	Staff leaves resident soiled for an extended period of time.
5	Staff does not ensure to dispose expired medical care supplies.
6	
7	Staff leaves resident soiled for an extended period of time.
8	The allegation is related to R1 being soiled with feces for over 2 hours. Interviews with Staff S4, S5, S6
9	and S7 reveal that they were not aware R1 or any other resident remaining soiled for over 2 hours. S5
10	and S7 confirmed that a response to the resident could take up to 30 minutes after a caregiver is
11	requested over the radio.
12	

13 **Staff does not ensure to dispose expired medical care supplies.**
14 S8 stated that an expired medical supply was left unattended S1 at the facility. LPA and S2 toured the
15 LPA toured the medical station, kitchen, shower and laundry room; there weren't any expired medical
16 supplies and the medication that were no longer in use were properly destroyed and remained lock with
17 a destruction that was monitored and control by S3 on the day of the visit.
18
19 Based on information obtained, the allegation is **UNSUBSTANTIATED**. A finding that the complaint is
20 unsubstantiated means that the allegations are not valid because the preponderance of the evidence
21 standard has not been met.
22
23 Exit interview conducted, appeal rights and a copy of this report provided Tracy Gibson, AED.
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