

# Department of SOCIAL SERVICES

*Community Care Licensing*

## COMPLAINT INVESTIGATION REPORT

**Facility Number:** 075600575

**Report Date:** 03/03/2026

**Date Signed:** 03/03/2026 05:07:58 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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/26/2026** and conducted by Evaluator Alicia Delmundo

	<b>COMPLAINT CONTROL NUMBER: 15-AS-20260226143854</b>
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<b>FACILITY NAME:</b> EL CERRITO ROYALE	<b>FACILITY NUMBER:</b> 075600575
<b>ADMINISTRATOR:</b> GIVENS, SONJA	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 6510 GLADYS AVENUE	<b>TELEPHONE:</b> (510) 234-5200
<b>CITY:</b> EL CERRITO	<b>ZIP CODE:</b> 94530
<b>CAPACITY:</b> 145	<b>DATE:</b> 03/03/2026
<b>MET WITH:</b> Sonja Givens/Executive Director	<b>UNANNOUNCED TIME BEGAN:</b> 11:00 AM
	<b>TIME COMPLETED:</b> 05:10 PM

### ALLEGATION(S):

1	Staff lock residents in their rooms.
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### INVESTIGATION FINDINGS:

1	On this day, March 3, 2026, at 11:00 am, Licensing Program Analyst (LPA) Delmundo arrived
2	unannounced to investigate the above allegation. LPA met with Executive Director (ED) Sonja Givens
3	and informed the reason for visit.
4	
5	The reporting party (RP) stated the residents bedroom doors are locked in a manner that prevents them
6	from
7	exiting freely. RP also stated there has been no documented medical order authorizing room
8	confinement.
9	
10	LPA obtained copies of resident roster and staff schedule, reviewed residents' records and obtained
11	copies of LIC601 Identification and Emergency Contact Information and LIC602A Physician's Reports.
12	LPA interviewed the ED, staff (S1 and S2), residents' family members (FM1, FM2 and FM3). LPA toured
13	the Memory Care Unit with the ED and randomly selected rooms for inspection.
	.....continued on 9099C

**SUPERVISORS NAME:** Bennett Fong  
**LICENSING EVALUATOR NAME:** Alicia Delmundo  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 03/03/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/03/2026

**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

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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:** 03/03/2026

## NARRATIVE

- 1 The Executive Director (ED) was able to identify residents in Memory Care Unit who have wandering,
- 2 pacing and/or sundowning behaviors which included R1, R2 and R3. Review of these residents records
- 3 confirmed the ED's statement. Staff (S1 and S2) stated residents rooms in Memory Care Unit are locked
- 4 to prevent other residents from coming inside the rooms.
- 5
- 6 FM1 and FM2 stated observing the residents' room locked and witnessing the staff unlocked the door
- 7 from outside with a key to let them in. Although FM3 stated not witnessing R4's room locked, R4 does
- 8 not have wandering behavior as indicated in R4's LIC602A Physician's Report.
- 9
- 10 During inspection, LPA observed two of residents rooms' locked with residents inside the rooms. LPA
- 11 knocked at one of the rooms and the resident who was inside tried but unable to open the door. The
- 12 staff has to open the rooms with key to allow LPA in.
- 13
- 14 Based on interviews and observation, the preponderance of evidence has been met, therefore, the
- 15 allegation is substantiated. Deficiency is cited from Title 22 California Code of Regulations and listed on
- 16 9099D. Failure to submit proof of correction by plan of correction due date and any repeat violation
- 17 within 12 month period may result in civil penalty.
- 18
- 19 Deficiency and plan and proof of correction were discussed with the ED.
- 20
- 21 Exit interview conducted. Appeal Rights, LIC9098 Proof of Correction form and copy of this report
- 22 provided.
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**SUPERVISORS NAME:** Bennett Fong  
**LICENSING EVALUATOR NAME:** Alicia Delmundo  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 03/03/2026

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**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/03/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 3

**Control Number 15-AS-20260226143854**

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**COMPLAINT INVESTIGATION REPORT  
(Cont)**

COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, STE.  
310  
OAKLAND, CA 94612

**FACILITY NAME:** EL CERRITO ROYALE

**FACILITY NUMBER:** 075600575

**DEFICIENCY INFORMATION FOR THIS PAGE:**

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

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/17/2026 Section Cited CCR 87468.1(a)(6)	1 87468.1 Personal Rights of Residents 2 in All Facilities: (a) Residents in all 3 residential care facilities for the elderly 4 shall have all of the following personal 5 rights:(6) To leave or depart the facility 6 at any time and to not be locked into 7 any room, building, or on facility premises by day or night.....	1 Executive Director stated she'll in- 2 service the staff. Copy of training topic 3 with attendees signatures to be 4 submitted by 3/17/26. 5 6 7
	8 -This requirement is not met as 9 evidenced by: 10 -Based on interviews and inspection, 11 the licensee did not comply with the 12 section above in locking the residents 13 rooms with residents inside which 14 posed a potential personal rights risks to persons in care.	8 9 10 11 12 13 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.**

<b>SUPERVISORS NAME:</b> Bennett Fong	
<b>LICENSING EVALUATOR NAME:</b> Alicia Delmundo	
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 03/03/2026
<b>I acknowledge receipt of this form and understand my appeal rights as explained and received.</b>	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 03/03/2026