

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 075601257
Report Date: 07/13/2026
Date Signed: 07/13/2026 03:25:18 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION OAKLAND ASC, 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 **06/12/2025** and conducted by Evaluator Alona Gomez

	COMPLAINT CONTROL NUMBER: 15-AS-20250612143154		
FACILITY NAME:	BROOKDALE DANVILLE	FACILITY NUMBER:	075601257
ADMINISTRATOR:	TRUONG, TERESA HONG PHUC	FACILITY TYPE:	740
ADDRESS:	400 W EL PINTADO RD	TELEPHONE:	(925) 838-3020
CITY:	DANVILLE	STATE:	CA
CAPACITY:	42	ZIP CODE:	94506
		CENSUS:	20
		DATE:	07/13/2026
		UNANNOUNCED TIME BEGAN:	03:00 PM
MET WITH:	Business Office Coordinator, Kristy Andrews	TIME COMPLETED:	04:00 PM

ALLEGATION(S):

1	Staff did not prevent a resident from hitting another resident in care.
2	Staff did not maintain a comfortable temperature for a resident in care.
3	Staff did not ensure that resident's call button was operable.
4	Staff did not ensure that resident's room was cleaned.
5	Staff did not bathe a resident in care.
6	Staff are not providing night supervision
7	Staff did not ensure that resident's medical device was operable.
8	Facility did not report incidents to responsible party
9	Staff did not respond to resident in a timely manner

INVESTIGATION FINDINGS:

1	On 7/13/2026 at 3:00 PM, Licensing Program Analyst (LPA), A. Gomez arrived unannounced to deliver
2	complaint findings for the allegations above. LPA met with Business Office Coordinator, Kristy Andrews
3	and explained the reason for the visit.
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5	During the course of the investigation interviews were conducted, resident records were collected, and
6	observations were made.
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8	Report continues on LIC9099-C
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Yvonne Flores-Larios

LICENSING EVALUATOR NAME: Alona Gomez	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/13/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/13/2026

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 5

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ADDRESS: 400 W EL PINTADO RD	TELEPHONE: (925) 838-3020
CITY: DANVILLE	ZIP CODE: 94506
CAPACITY: 42	DATE: 07/13/2026
	UNANNOUNCED TIME BEGAN: 03:00 PM
MET WITH: Business Office Coordinator, Kristy Andrews	TIME COMPLETED: 04:00 PM

ALLEGATION(S):

1	Staff is not adequately trained
2	Staff did not properly store medications
3	Facility is not adequately staffed
4	Facility does not implement activities for residents
5	Facility is not providing adequate care
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INVESTIGATION FINDINGS:

1	This is a continuation of the allegations. Please see LIC 9099-C for continuation of findings.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Yvonne Flores-Larios	
LICENSING EVALUATOR NAME: Alona Gomez	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/13/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/13/2026

**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** BROOKDALE DANVILLE**FACILITY NUMBER:** 075601257**VISIT DATE:** 07/13/2026**NARRATIVE**

1 On the allegation "Staff did not prevent a resident from hitting another resident in care" During the
2 coarse of the investigation the LPA attempted to identify the residents in question through interviews and
3 reviews of available unusual incident reports however the LPA was unable to obtain additional
4 information to identify the residents in question or the time frame of the alleged incident therefore the
5 allegation is Unsubstantiated.
6

7 On the allegation " Staff did not maintain a comfortable temperature for a resident in care." LPA toured
8 the facility on multiple occasions including but not limited to residents' rooms and common areas. LPA
9 observed the facility to be of a comfortable temperature on all occasions. LPA did not receive any other
10 additional information or documentation to support that the facility was not maintain a comfortable
11 temperature therefore the allegation is Unsubstantiated.
12

13 On the allegation "Staff did not ensure that resident's call button was operable." LPA toured the facility
14 on multiple occasions and observed that all available resident pendent systems were operable. LPA did
15 not receive any other additional information or documentation to support that available resident call
16 buttons were inoperable therefore the allegation is Unsubstantiated.
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18 On the allegation "Staff did not ensure that resident's room was cleaned" LPA toured the facility on
19 multiple occasions. Previous citations were issued for resident rooms unclean however LPA was not
20 able to identify a residents room unclean in relation to the allegation time frame. LPA did not receive any
21 other additional information or documentation to support that "Staff did not ensure that resident's room
22 was cleaned" therefore the allegation is Unsubstantiated.
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28 report continues on LIC9099-C
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SUPERVISORS NAME: Yvonne Flores-Larios**LICENSING EVALUATOR NAME:** Alona Gomez**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/13/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and
received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 07/13/2026

LIC9099 (FAS) - (06/04)

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Control Number 15-AS-20250612143154**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** BROOKDALE DANVILLE**FACILITY NUMBER:** 075601257**VISIT DATE:** 07/13/2026**NARRATIVE**

1 On the allegation "Staff did not bathe a resident in care." LPA reviewed bath logs, care notes, and care
2 plans. LPA was unable to identify an instance where a resident in care did not receive adequate bathing
3 assistance. LPA did not receive any other additional information or documentation to support that staff
4 did not bathe a resident in care therefore the allegation is Unsubstantiated.
5

6 On the allegation "Staff are not providing night supervision" LPA reviewed staff schedules and made
7 observations. LPA was unable to identify inadequate staffing through record review and observations.

8 LPA did not receive any other additional information or documentation to support that staff are not
9 providing night supervision therefore the allegation is Unsubstantiated.

11 On the allegation "Staff did not ensure that resident's medical device was operable" LPA reviewed list of
12 R1's items, care notes, and care plans. LPA was unable to identify an instance where Staff did not
13 ensure that resident's medical device was operable. LPA did not receive any other additional information
14 or documentation to support that Staff did not ensure that resident's medical device was operable
15 therefore the allegation is Unsubstantiated.

17 On the allegation "Facility did not report incidents to responsible party ." LPA reviewed unusual incident
18 reports, care notes, and care plans. LPA was unable to identify an instance where a required incident
19 was not reported. LPA did not receive any other additional information or documentation to support that
20 Facility did not report incidents to responsible party therefore the allegation is Unsubstantiated.

22 On the allegation "Staff did not respond to resident in a timely manner" LPA reviewed unusual incident
23 reports, care notes, and care plans. Call button data was unavailable. LPA was unable to identify an
24 instance where Staff did not respond to resident in a timely manner. LPA did not receive any other
25 additional information or documentation to support that Staff did not respond to resident in a timely
26 manner therefore the allegation is Unsubstantiated.

28 report continues on LIC9099-C

SUPERVISORS NAME: Yvonne Flores-Larios	
LICENSING EVALUATOR NAME: Alona Gomez	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/13/2026
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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: BROOKDALE DANVILLE

FACILITY NUMBER: 075601257
VISIT DATE: 07/13/2026

NARRATIVE	
1	On the allegation "Staff is not adequately trained" LPA reviewed staff trainings and observed that they were up to date at the time of the alleged violations. LPA was unable to identify that Staff is not adequately trained. LPA did not receive any other additional information or documentation to support that Staff is not adequately trained therefore the allegation is Unsubstantiated.
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5	On the allegation "Staff did not properly store medications" LPA observed medication room, residents rooms, reviewed centrally stored log. LPA was unable to identify an instance where Staff did not properly store medications. LPA did not receive any other additional information or documentation to support that Staff did not properly store medications therefore the allegation is Unsubstantiated.
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9	On the allegation "Facility is not adequately staffed" LPA reviewed staff schedules and made observations of available staffing during all visits. LPA was unable to identify an instance where Facility is not adequately staffed. LPA did not receive any other additional information or documentation to support that Facility is not adequately staffed therefore the allegation is Unsubstantiated.
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13	On the allegation "Facility does not implement activities for residents" LPA reviewed multiple activities calendars and observed activities being done by residents on all visits. LPA was unable to identify an instance where Facility does not implement activities for residents. LPA did not receive any other additional information or documentation to support that Facility does not implement activities for residents therefore the allegation is Unsubstantiated.
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17	On the allegation "Facility is not providing adequate care" LPA reviewed unusual incident reports, care notes, and care plans for a random selection of residents. LPA was unable to identify an instance where Facility is not providing adequate care. LPA did not receive any other additional information or documentation to support that Facility is not providing adequate care therefore the allegation is
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25 Unsubstantiated.
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27 Although the allegation may have happened or is valid, there is not a preponderance of evidence to
28 prove the alleged violation did or did not occur, therefore the allegation is UNSUBSTANTIATED.
29 Exit interview conducted and a copy of this report provided.
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SUPERVISORS NAME: Yvonne Flores-Larios
LICENSING EVALUATOR NAME: Alona Gomez
LICENSING EVALUATOR SIGNATURE:
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