

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 075601363
Report Date: 09/03/2026
Date Signed: 09/03/2026 01:18:21 PM

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

FACILITY NAME:	MEMORY CARE OF CONTRA COSTA	FACILITY NUMBER:	075601363
ADMINISTRATOR/PEREZ, DIANE		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(925) 287-8750
ADDRESS:	540 PATTERSON BOULEVARD	ZIP CODE:	94523
CITY:	PLEASANT HILL	STATE: CA	
CAPACITY: 75		CENSUS: 30	
TYPE OF VISIT:	Office	ANNOUNCED	
MET WITH:	Sanjuana Casillas, Administrator Designee	DATE:	09/03/2026
		TIME VISIT/INSPECTION	10:00 AM
		BEGAN:	
		TIME VISIT/INSPECTION	12:00 PM
		COMPLETED:	

NARRATIVE	
1	On September 3, 2026, beginning at 10:00 a.m., an Informal Meeting was held via video conference with the Licensee and management representatives. The Informal Conference process was explained to the Licensee and management representatives.
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5	Attendees:
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9	<u>Community Care Licensing Division (CCLD)</u>
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11	
12	
13	- Grace Luk – Licensing Program Manager - Jeremy Fong – Licensing Program Manager - Lizette Chan – Licensing Program Manager - Lori Alexander – Licensing Program Analyst
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16	
17	<u>Licensee and Management Representatives</u>
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19	
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25	

- Jonathan Centeno – Wellness Coordinator, Memory Care of Contra Costa

Bennett Fong
Lori Alexander-Washington



DATE: 09/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/03/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)
California Health & Human Services Agency

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California Department of Social Services

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/

licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

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
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: MEMORY CARE OF CONTRA COSTA **FACILITY NUMBER:** 075601363
VISIT DATE: 09/03/2026

NARRATIVE	
1	LIC809-C (Page 2)
2	
3	Type A Deficiency: cited on 07/15/26 for a case management visit to address an resident elopement
4	that occurred on 07/08/26.
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6	87468.2 (a)(4) Additional Personal Rights of Residents in Privately Operated Facilities
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11	During the meeting, facility management staff provided detailed information explaining the circumstances
12	pertaining to the elopement. The facility management staff also provided information showing that a good
13	faith effort has been made to address persons who cannot leave unassisted from exiting unnoticed.
14	
15	Facility management stated and provided the following plan of action:
16	
17	Increased front desk staff to 16 hours and with a plan to increase 24/7 staffing
18	Conducted Elopement In-Service training with all staff on all shifts
19	Installed Ring Alarm
20	Applying for a permit to add egress doors
21	Implemented twice daily door checks
22	Established 24/7 staffing at rear nursing station
23	Utilizing a system that reminds staff to perform required tasks
24	Ordered wearable GPS bracelet devices
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30	Exit interview conducted and copy of this report provided via email.
31	
32	 Memory Care of Contra Costa - #075601363 - Informal Meeting - 09.03.26 (part 1) - signed.pdf Memory Care of Contra Costa - #075601363 - Informal Meeting - 09.03.26 (part 1) - signed.pdf

NAME OF LICENSING PROGRAM MANAGER: Bennett Fong
NAME OF LICENSING PROGRAM ANALYST: Lori Alexander-Washington
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 09/03/2026

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

