

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 075601363
Report Date: 03/07/2025
Date Signed: 03/07/2025 12:25:32 PM

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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	

FACILITY NAME: MEMORY CARE OF CONTRA COSTA	FACILITY NUMBER: 075601363
ADMINISTRATOR/DIALA, ERICA	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 540 PATTERSON BOULEVARD	TELEPHONE: (925) 287-8750
CITY: PLEASANT HILL	STATE: CA
CAPACITY: 75	ZIP CODE: 94523
TYPE OF VISIT: Case Management - Incident	CENSUS: 55
	DATE: 03/07/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 10:15 AM
MET WITH: Erica Diala, Executive Director	TIME VISIT/INSPECTION
	COMPLETED: 11:30 AM

NARRATIVE	
1	On 03/07/2025 at 10:15 AM, Licensing Program Analyst (LPA) L. Alexander conducted an unannounced
2	Case Management visit regarding incidents that was reported to Community Care Licensing Division
3	(CCLD) on 03/02/2025. LPA met with Laura-Anne Leake-Mosley, Executive Assistant, and explained the
4	purpose of the visit. Executive Director, Erica Diala, was not available but arrived around 11:35 AM.
5	
6	LPA interviewed (via phone) staff (S) S1 and S2 that witnessed the incident that took place on
7	03/02/2025 with resident (R) R1 and R2. S1 and S2 stated that they heard a loud scream coming from
8	one of the rooms and they both went towards the loud noise. S1 stated that they both saw R1 slapping
9	R2 with a plastic hanger. S1 and S2 stated that other caregivers came to assist. S1 and S2 stated that
10	R1's responsible party was phoned and they also called 911 to which the Pleasant Hill Police
11	Department (PHPD) was called and Emergency Medical Technicians (EMT) arrived. S1 and S2 stated
12	that R1 did a FaceTime call with daughter and then they became calmed down.
13	
14	LPA interviewed S3 and S4 regarding another incident that was reported to CCLD on 03/02/2025. The
15	incident occurred on 03/01/2025 between R1 and R3 where community cameras captured video of R1
16	punching R3 in the shoulder. LPA reviewed the video with S4 and observed R1 punch R3 in the hallway.
17	R3 fell to the floor and caregivers immediately responded to the incident. S3 stated that R1's and R3's
18	responsible parties were called as well as PHPD and EMT to check R1's and R2 baseline. S3 stated
19	that R3's responsible party declined for R3 to be transported to Emergency Room.
20	
21	No deficiencies cited during visit. Exit interview conducted and a copy of this report provided.
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Bennett Fong

NAME OF LICENSING PROGRAM ANALYST: Lori Alexander-Washington

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/07/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/07/2025

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