

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 075601424
Report Date: 06/01/2026
Date Signed: 06/01/2026 02:50:57 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 **05/29/2026** and conducted by Evaluator David Doidge

	COMPLAINT CONTROL NUMBER: 15-AS-20260529145745
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FACILITY NAME:	AEGIS ASSISTED LIVING OF MORAGA	FACILITY NUMBER:	075601424
ADMINISTRATOR:	HENDERSON, TIANNA	FACILITY TYPE:	740
ADDRESS:	950 COUNTRY CLUB DRIVE	TELEPHONE:	(925) 377-7900
CITY:	MORAGA	STATE:	CA
CAPACITY:	100	ZIP CODE:	94556
		CENSUS:	73
		DATE:	06/01/2026
		UNANNOUNCED TIME BEGAN:	11:40 AM
MET WITH:	Health Service DirectorDesirae Gutierrez-Hernandez	TIME COMPLETED:	03:00 PM

ALLEGATION(S):

1	Facility did not allow resident to have visitors.
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INVESTIGATION FINDINGS:

1	On 05/29/2026 at 11:40 AM, Licensing Program Analyst (LPA) David Doidge arrived unannounced to
2	conduct an initial 10-day complaint investigation and to deliver findings regarding the allegation above.
3	LPA met with Health Service Director Desirae Gutierrez-Hernandez and explained the purpose of the
4	visit.
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6	During the course of the investigation, LPAs obtained copies of the Physician's Report, Individualized
7	Service Assessment, Resident Emergency Information sheet, Power of Attorney, Restraining order, and
8	visitor log for R1. LPAs also interviewed S1 and R1.
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10	Allegation: Facility did not allow resident to have visitors.
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12	Investigation Findings: It was reported to the department that R1 Is not being allowed to have visitors and
13	is being isolated. LPA met with S1 who explained that R1 is very social with both staff and other residents in the community.
	Continued on LIC9099-C

SUPERVISORS NAME: Bennett Fong

LICENSING EVALUATOR NAME: David Doidge

LICENSING EVALUATOR SIGNATURE:

DATE: 06/01/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/01/2026

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-20260529145745

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT
(Cont)CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
OAKLAND ASC, 1515 CLAY STREET, STE. 310
OAKLAND, CA 94612

FACILITY NAME: AEGIS ASSISTED LIVING OF MORAGA

FACILITY NUMBER: 075601424

VISIT DATE: 06/01/2026

NARRATIVE

1 Continued from LIC9099

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R1 has multiple visitors who come to visit and has not expressed a desire for leaving. S1 also stated, R1 has friends in the facility and can usually be found in the garden talking with other residents or engaging in various facility activities. R1 does have a Power of Attorney (POA), and a restraining order filed that the facility must enforce. The restraining order is only against one person, and the POA does not limit who R1 can visit with or who can come and visit with R1; aside from the person on the restraining order. Review of R1's visitor log showed R1 has had multiple visitors form outside the facility since moving in. LPA spoke with R1. R1 enjoys visiting with other residents, engaging in various facility activities, and looks forward to the different events planned throughout the day. R1 stated that since a recent procedure, R1 has not been as active in the community as before, but as R1's strength comes back, R1 is looking forward to socializing more. R1 still has visitors come in and other resident stop by. Based on interviews conducted and record review, the above allegation is UNSUBSTANTIATED.

Although the allegations may have happened or are valid, there is not a preponderance of evidence to prove the alleged violations did or did not occur, therefore the allegations are UNSUBSTANTIATED.

No deficiencies were cited during this inspection.

Exit interview conducted and a copy of this report provided.

SUPERVISORS NAME: Bennett Fong

LICENSING EVALUATOR NAME: David Doidge

LICENSING EVALUATOR SIGNATURE:

DATE: 06/01/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/01/2026