

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 075601547

Report Date: 02/18/2026

Date Signed: 02/18/2026 04:53:04 PM

Unsubstantiated

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/14/2024** and conducted by Evaluator Carol Fowler

	COMPLAINT CONTROL NUMBER: 15-AS-20241014211018
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FACILITY NAME: COUNTRY PLACE ASSISTED LIVING	FACILITY NUMBER: 075601547
ADMINISTRATOR: RICHARDSON, JENNIFER	FACILITY TYPE: 740
ADDRESS: 1715 OLIVE LANE	TELEPHONE: (925) 778-5000
CITY: ANTIOCH	STATE: CA
CAPACITY: 49	ZIP CODE: 94509
MET WITH: YVONNE GOLDEN, MEDICATION TECHNICIAN	DATE: 02/18/2026
	UNANNOUNCED TIME BEGAN: 03:05 PM
	TIME COMPLETED: 05:15 PM

ALLEGATION(S):

1	Staff are retaining a resident that requires a higher level of care
2	Staff do not ensure that resident's needs are met
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INVESTIGATION FINDINGS:

1	On 02/18/2026 at 03:05pm, Licensing Program Analyst (LPA), Carol Fowler arrived unannounced to deliver complaint findings for the allegations above. LPA met with Yvonne Golden, Medication Technician (MT) and explained the reason for the visit. LPA spoke with Sherry Richardson via phone call.
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5	During the investigation LPA interviewed W1, S1, S2, S3, and R1. LPA reviewed facility and Staff Roster, C1 face sheet, preplacement appraisal information, progress notes, Medical Administration Records (MAR). C1 Physicians Report is missing from the file.
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7	
8	CONTINUE ON LIC9099C
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Bennett Fong
LICENSING EVALUATOR NAME: Carol Fowler
LICENSING EVALUATOR SIGNATURE: _____
DATE: 02/18/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 02/18/2026

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
Control Number 15-AS-20241014211018

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COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: COUNTRY PLACE ASSISTED LIVING **FACILITY NUMBER:** 075601547
VISIT DATE: 02/18/2026

NARRATIVE

1 CONTINUE FROM LIC9099
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4 **Allegation: Staff are retaining a resident that requires a higher level of care**
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6 **Investigation Finding:** unsubstantiated.
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8 During the investigation, the LPA interviewed W1,S1, S2, S3 and R1. Interview with W1 revealed that W1 was
9 concerned with R1 needing a higher level of care, W1 stated that the facility has clients that have mental illnesses
10 and R1 has dementia. Interview with S1 revealed that R1 has been a resident at the facility for 9 years and has been
11 diagnosed with dementia before being placed at the facility. S1 also stated that R1 was placed at the facility by San
12 Francisco Department of Public Health which is a placement agency. S1 stated that R1 was living in SRO (single
13 residence occupancy) housing and R1 became forgetful before moving to the facility S1 also stated that R1 has not
14 had any altercations with any of the other residents living at the facility and that R1 knows and recognize the faces
15 at the facility, R1 has had the same roommate for a very long time. Interview with S2 revealed that R1 had
16 dementia prior to moving into the facility and R1 likes to walk a lot and R1 will work around the building and talk
17 with other residents, there has not been any altercations with any other residents, R1 also like to talk with the
18 residents. Interview with S3 reveals that R1 likes to walk and talk with the other residents around the facility. S3
19 also stated that if R1 is talking and a resident doesn't want to talk they will just call R1s name and redirect R1.
20 Interview with R1 revealed that R1 likes living at the facility and R1 likes to walk and sing. R1 stated that R1 likes
21 the food, and the people are okay. THEREFORE, THIS ALLEGATION IS UNSUBSTANTIATED.
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23 CONTINUE ON LIC9099C
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SUPERVISORS NAME: Bennett Fong
LICENSING EVALUATOR NAME: Carol Fowler
LICENSING EVALUATOR SIGNATURE: _____
DATE: 02/18/2026

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FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 02/18/2026

LIC9099 (FAS) - (06/04) Page: 2 of 3
Control Number 15-AS-20241014211018

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FACILITY NAME: COUNTRY PLACE ASSISTED LIVING

FACILITY NUMBER: 075601547

VISIT DATE: 02/18/2026

NARRATIVE

1 CONTINUE FROM LIC9099C
2

3 **Allegation:** Staff do not ensure that residents' needs are met

4 **Investigation Finding:** unsubstantiated.
5

6 During the investigation LPA interviewed W1, S1 and S3. W1 expressed concerns about R1s needs at the facility
7 being met due to the facility type. Interview with S1 revealed that R1 has help with ADLs (activities of daily
8 living) and sometimes if R1 needs to be prompted to eat, facility staff have been trained on dementia care.

9 Interview with S3 revealed that S3 has had dementia care and has been working with dementia care residents for
10 many years. S3 also stated that S3 works with R1 directly and assists with R1s ADLs and that sometimes R1 likes
11 to sometimes shower R1s self and S3 will be there if assistance is needed. S3 also stated that R1 feeds R1 self and
12 only sometime R1 might need staff to prompt R1 by putting the spoon in R1s hand and R1 will then feed R1s self.

13 LPA interviewed and observed R1 eating and drinking a snack, LPA also observed R1 singing and was able to
14 answer some interview questions. THEREFORE, THIS ALLEGATION IS UNSUBSTANTIATED.
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16 Although the allegation may have happened or is valid, there is not a preponderance of evidence to prove it;
17 therefore, the allegation is UNSUBSTANTIATED.
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19 No deficiencies cited during visit.
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21 Exit interview conducted and a copy of this report provided.
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SUPERVISORS NAME: Bennett Fong

LICENSING EVALUATOR NAME: Carol Fowler

LICENSING EVALUATOR SIGNATURE:

DATE: 02/18/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/18/2026