

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 075601547
Report Date: 07/14/2026
Date Signed: 07/14/2026 12:29:18 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 **06/16/2026** and conducted by Evaluator Daisy Panlilio

		COMPLAINT CONTROL NUMBER: 15-AS-20260616143035	
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	ZIP CODE:	94509
CAPACITY:	49	DATE:	07/14/2026
		UNANNOUNCED TIME BEGAN:	12:14 PM
MET WITH: Shani Edwards, Administrator		TIME COMPLETED:	12:55 PM

ALLEGATION(S):

1	Staff communicated inappropriately with resident
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INVESTIGATION FINDINGS:

1	On 07/14/26 at 12PM, Licensing Program Analyst (LPA) D Panlilio conducted a subsequent visit and met with administrator (ADM) to deliver amended findings of above allegations. LPA explained the purpose of the visit with ADM. This is an AMENDMENT to original report dated 06/16/26. During investigation, LPA conducted interviews with staff, random residents and obtained the following documents from ADM: Personnel record (LIC500), Residents roster, incident reports. Continued on next page, LIC9099-C
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Bennett Fong	
LICENSING EVALUATOR NAME: Daisy Panlilio	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/14/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/14/2026

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 2
Control Number 15-AS-20260616143035

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: COUNTRY PLACE ASSISTED LIVING	FACILITY NUMBER: 075601547
	VISIT DATE: 07/14/2026

NARRATIVE	
1	This is an AMENDMENT to original report dated 06/16/26.
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3	Allegation: Staff communicated inappropriately with resident
4	Investigation Finding: Unsubstantiated
5	During investigation, LPA conducted interviews with reporting party (RP), staff (Administrator) and
6	resident (R1) and reviewed R1's documents. On 06/26/26, LPA interviewed ADM who stated that she
7	failed to communicate with R1 in a timely manner on several occasions the morning of 06/01/26
8	because she was busy attending to other matters. However, ADM denied speaking inappropriately with
9	R1 on 06/01/26.
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11	LPA was unable to verify the details of the incident because there were no other witnesses when R1
12	tried to talk to ADM again in front of her office to the point of becoming physically aggressive. Review of
13	written statement from R1 dated 06/26/26 showed he felt disrespected because ADM failed to
14	communicate with him in a timely manner. ADM confirmed with LPA that she did not speak
15	inappropriately with R1 on 06/01/26 when he was experiencing behavioral
16	expressions.
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19	Although the allegation may have happened or is valid, there is not a preponderance
20	of evidence to prove the alleged violation did occur, therefore the allegation that staff
21	communicated inappropriately with resident was found to be unsubstantiated.
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24	No deficiency cited during visit.
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26	Exit interview conducted and a copy of this report provided
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SUPERVISORS NAME: Bennett Fong	
LICENSING EVALUATOR NAME: Daisy Panlilio	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/14/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/14/2026