

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 079200326
Report Date: 09/05/2025
Date Signed: 09/05/2025 02:04:58 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 **08/18/2025** and conducted by Evaluator David Doidge

	COMPLAINT CONTROL NUMBER: 15-AS-20250818102737
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FACILITY NAME: ATRIA PARK OF LAFAYETTE	FACILITY NUMBER: 079200326
ADMINISTRATOR: ANTHONY, KAWANA	FACILITY TYPE: 740
ADDRESS: 1545 PLEASANT HILL RD	TELEPHONE: (925) 932-9910
CITY: LAFAYETTE	STATE: CA ZIP CODE: 94549
CAPACITY: 130	CENSUS: 91 DATE: 09/05/2025
MET WITH: Memory Care Director Susana Chavez	UNANNOUNCED TIME BEGAN: 10:40 AM
	TIME COMPLETED: 02:30 PM

ALLEGATION(S):

1	Staff made inappropriately comment to resident in care.
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INVESTIGATION FINDINGS:

1	On 09/05/20245 at 10:40 AM, Licensing Program Analyst (LPA) David Doidge arrived unannounced to
2	further investigate and deliver findings for the allegations above. Upon arrival, LPA met with Memory care
3	Director Susana Chavez and explained the purpose of the visit.
4	
5	During the course of the investigation, LPA interviewed six (6) staff, and four (4) residents. LPA also,
6	obtained the following information: R1's Physician's Report (602), and staff roster.
7	
8	Allegation: Staff made inappropriately comment to resident in care.
9	
10	Investigation Finding: Based on staff and resident interviews this allegation is Unsubstantiated. LPA
11	interviewed multiple staff and residents. Staff shared that residents can, at times, become stern in
12	communication during care services.
13	Continued of LIC9099-C

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Bennett Fong
NAME OF LICENSING PROGRAM ANALYST: David Doidge
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/05/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/05/2025

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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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
OAKLAND ASC, 1515 CLAY STREET, STE. 310
OAKLAND, CA 94612

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: ATRIA PARK OF LAFAYETTE

FACILITY NUMBER: 079200326

VISIT DATE: 09/05/2025

NARRATIVE

1 Continued from LIC9099
2
3 Staff have responded by asking that resident to be less stern, which could be perceived as
4 inappropriate. Staff and residents recognize a lack of communication during one on one care can lead to
5 misunderstandings.
6
7 Residents interviewed feel staff are friendly, kind, and have never seen staff be inappropriate to
8 residents. Staff interviewed reported not seeing, hearing, nor themselves being inappropriate towards
9 residents.
10
11 Although the allegation may have happened or is valid, there is not a preponderance of evidence to
12 prove the alleged violation did occur, therefore the allegation that staff made inappropriately comment to
13 resident in care is unsubstantiated.
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15 No deficiencies observed during visit.
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17 Exit interview conducted and a copy of this report provided.
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NAME OF LICENSING PROGRAM ANALYST: David Doidge
LICENSING PROGRAM ANALYST SIGNATURE:

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LIC9099 (FAS) - (06/04)

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