

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 079200382

Report Date: 11/05/2025

Date Signed: 11/05/2025 05:19:30 PM

Substantiated

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 **08/01/2024** and conducted by Evaluator Alona Gomez

	COMPLAINT CONTROL NUMBER: 15-AS-20240801083129
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FACILITY NAME: BROOKDALE DIABLO LODGE	FACILITY NUMBER: 079200382
ADMINISTRATOR: GRADY, WILLIAM	FACILITY TYPE: 740
ADDRESS: 950 DIABLO ROAD	TELEPHONE: (925) 838-8300
CITY: DANVILLE	STATE: CA
CAPACITY: 128	ZIP CODE: 94526
MET WITH: Executive Director, Rachel Davis	DATE: 11/05/2025
	UNANNOUNCED TIME BEGAN: 03:00 PM
	TIME COMPLETED: 05:45 PM

ALLEGATION(S):

1	Staff did not ensure care and super vision was provided resulting in resident sustaining an injury
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INVESTIGATION FINDINGS:

1	On 11/05/2025 at 3:00PM Licensing program Analyst (LPA) A Gomez arrived unannounced to deliver
2	findings for the above allegations. LPA met with Executive Director, Rachel Davis and explained the
3	purpose of the visit.
4	
5	During the investigation, the Department conducted interviews with facility staff, residents, and
6	witnesses. Documents obtained and reviewed included R1's admission agreement, care plan dated
7	10/13/2023, physician's report dated 04/18/2024, staff schedules for February and March 2024,
8	medication logs, incident reports for falls occurring on 3/25/2024, 1/9/2023, and 6/10/2022, discharge
9	notes dated 2/29/2024, and corrective action plans. Photographs of R1's room were also provided by W1
10	for review.
11	
12	Report continues on LIC9099-C
13	

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Yvonne Flores-Larios

LICENSING EVALUATOR NAME: Alona Gomez
LICENSING EVALUATOR SIGNATURE:

DATE: 11/05/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/05/2025

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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Control Number 15-AS-20240801083129

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 (Cont)

FACILITY NAME: BROOKDALE DIABLO LODGE

FACILITY NUMBER: 079200382

VISIT DATE: 11/05/2025

NARRATIVE

1 Pg 2

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3 On 3/25/2024, R1, a known fall risk according to care plan dated 10/13/2023, had a fall in their room
4 while attempting to change into their pajamas. S1 reported hearing R1 call for help and found them on
5 the floor near their bed. S1 stated, "R1 said they lost their balance and fell. I usually remind them to
6 press the pendant, but I didn't see them before they fell." S3 and S4 responded to the radio call and
7 assisted R1. S4 reported that R1 said, "It hurts. It hurts. I fell," and also, "Get me off this floor." S1 and
8 S4 helped R1 into a recliner, after which S4 called 911. Medical records obtained confirmed that R1
9 sustained a left hip fracture requiring surgical intervention. W1 expressed dissatisfaction with staff
10 supervision and stated, "R1 had told me before that no one checked on them as much as they should.
11 This isn't the first time R1 has fallen, and it shouldn't have happened."
12

13 R1 experienced multiple falls before 3/25/2024, including incidents on 8/7/2019, 1/1/2020, 1/15/2021,
14 6/11/2022 and 9/1/2023. Despite these incidents, the facility failed to revise R1's care plan or implement
15 additional safety measures. S1 stated, "I usually remind them to press the pendant." S1 also reported
16 that R1 would place their walker by the door, and that they typically checked on R1 four times per shift.
17 S2 stated that R1 required help with showers, dressing, toileting, blood sugar checks, and escort
18 assistance. S2 added, "R1 was changing into their pajamas when they fell and did not press their
19 pendant for help."
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21 Report Continues on LIC9099-C
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SUPERVISORS NAME: Yvonne Flores-Larios

LICENSING EVALUATOR NAME: Alona Gomez

LICENSING EVALUATOR SIGNATURE:

DATE: 11/05/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/05/2025

LIC9099 (FAS) - (06/04)

Page: 2 of 6

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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 (Cont)

NARRATIVE

1 Pg. 3
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 3 S3 confirmed that residents at risk of falling are required to be checked every 30 minutes, minimize
 4 environmental clutter, and use call pendant for assistance. S3 noted, "The facility does not have any real
 5 fall prevention methods in place for residents." S3 added, "R1 began losing their balance but refused
 6 staff's help. They had a walker but refused to use it and held onto rails in the facility for balance." S4
 7 reported that staff check call pendants monthly for functionality and all residents are expected to wear
 8 them 24/7. S4 stated, "The facility does not have other fall prevention equipment such as fall mats as
 9 not a lot of residents are considered a fall risk."
 10
 11 Interviews revealed that R1's pendant was often left on their nightstand rather than worn or kept within
 12 reach. Incident reports for R1's prior falls, including the fall on 1/15/2021, without follow-up details or
 13 documentation of corrective actions. Facility records provided did not show that R1s previous falls
 14 resulted in a reassessment of R1's care needs or adjustment to their supervision.
 15
 16 Staff, including S1 and S3, noted that R1 had become increasingly withdrawn in the month prior to the
 17 incident. S1 shared, "In the last month or so before R1 left the facility, they became very withdrawn, sad,
 18 and cried all the time. R1 told me that their son was sick." However, there was no evidence of additional
 19 emotional support being provided, nor documentation of care planning to address R1's reduced help-
 20 seeking behavior. Records and interviews overall did not have proactive, consistent strategies to
 21 mitigate R1's known fall risk despite repeated incidents and observed decline.
 22
 23
 24
 25 ****An immediate civil penalty of \$500 is being assessed on today's date. Civil penalty determination
 26 related to serious bodily injury is pending. ****
 27
 28
 29 Based on LPAs observations and interviews which were conducted and record reviews, the
 30 preponderance of evidence standard has been met, therefore the above allegations are found to be
 31 **SUBSTANTIATED**. California Code of Regulations (Title 22, Division 6, Chapter 8), are being cited on
 32 the attached LIC 9099D.Exit interview conducted with Executive Director. A copy of this report and
 appeal rights was provided.

SUPERVISORS NAME: Yvonne Flores-Larios
LICENSING EVALUATOR NAME: Alona Gomez
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 11/05/2025

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FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 11/05/2025

Citations on this Visit Report are Under Appeal!

Control Number 15-AS-20240801083129

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
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FACILITY NAME: BROOKDALE DIABLO LODGE
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 079200382
VISIT DATE: 11/05/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Under Appeal Type A 11/05/2025 Section Cited CCR 87468.2(a)(4)	1 (a)In addition to the rights listed in 2 Section 87468.1, Personal Rights of 3 Residents in All Facilities, residents in 4 privately operated residential care 5 facilities for the elderly shall have all of the following personal rights:(4)To care,	1 Facility has hired and trained additional 2 staff. \$500 civil penalty assessed 3 4 5

	6 7	supervision, and services that meet their individual needs and are delivered by staff that are sufficient in numbers, qualifications, and competency to meet their needs. This requirement was not met as evidence by	6 7	
	8 9 10 11 12 13 14	Based on interviews and record review the staff acknowledged that R1 was a fall risk as identified in (list the documents that support this) and facility staff failed to provide adequate supervision to meet R1 needs resulting in a serious injury which poses an immediate safety risk to residents in care.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISORS NAME: Yvonne Flores-Larios	
LICENSING EVALUATOR NAME: Alona Gomez	
LICENSING EVALUATOR SIGNATURE:	DATE: 11/05/2025
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STATE: CA	UNANNOUNCED TIME BEGAN: 03:00 PM
CENSUS: 105	TIME COMPLETED: 05:45 PM
MET WITH: Executive Director, Rachel Davis	

ALLEGATION(S):

1	Staff did not ensure reporting requirements were followed
2	Staff did not ensure resident room was free from obstruction
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INVESTIGATION FINDINGS:

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Unsubstantiated	Estimated Days of Completion:
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LICENSING EVALUATOR NAME: Alona Gomez
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 11/05/2025

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FACILITY NAME: BROOKDALE DIABLO LODGE **FACILITY NUMBER:** 079200382
VISIT DATE: 11/05/2025

NARRATIVE

1 Pg. 2
 2
 3 On the allegation "Staff did not ensure reporting requirements were followed." The fall involving R1 on
 4 3/25/2024 was reported via LIC 624 to Community Care Licensing and documented in the facility's
 5 records. Staff interviews confirmed that after the incident, notifications were made to R1's physician,
 6 responsible party, and emergency services in accordance with regulatory requirements. Specifically,
 7 records show that R1's physician was notified via facsimile at 20:00 hours, and their POA was contacted
 8 via telephone at 16:20 hours. Although the reporting party stated they were initially told that the incident
 9 had been reported to Licensing when it had not, the Department verified that a report was submitted by
 10 the facility within the appropriate timeframe.
 11
 12 On the allegation "Staff did not ensure resident room was free from obstruction" The Department
 13 reviewed photographs of R1's room submitted by W1 and conducted a review of the facility's safety
 14 practices regarding environmental hazards. While W1 expressed concern regarding clutter in R1's unit,
 15 staff interviews revealed that fall prevention strategies included reminders to reduce clutter and arrange
 16 furniture to allow for safe walkways. The Personal Service Plan dated 10/13/2023 stated, "*Encourage*
 17 *R1 on reducing environmental clutter and arrange furniture for adequate walkways.*" Interviews with staff
 18 who responded to the fall did not indicate that obstructions or clutter directly caused or contributed to the
 19 incident on 3/25/2024. S3 stated that R1 was found close to their bed, and S4 confirmed that R1's room
 20 did not appear to be cluttered during the response. Based on observations, photographs, interviews and
 21 file review the allegations above are **unsubstantiated**.
 22
 23 Although the allegation may have happened or is valid, there is not a preponderance of evidence to
 24 prove the alleged violation did or did not occur, therefore the allegation is **UNSUBSTANTIATED**.
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Exit interview conducted and copy of report provided.

SUPERVISORS NAME: Yvonne Flores-Larios
LICENSING EVALUATOR NAME: Alona Gomez
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 11/05/2025

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