

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 079200523
Report Date: 04/23/2026
Date Signed: 04/23/2026 11:59:39 AM

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 **12/22/2025** and conducted by Evaluator Tonica Syess-Gibson

PUBLIC	COMPLAINT CONTROL NUMBER: 15-AS-20251222101326
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FACILITY NAME: BRUIZ CAREHOME		FACILITY NUMBER:	079200523
ADMINISTRATOR: BERNARDINO-RUIZ, JAMIE A		FACILITY TYPE:	740
ADDRESS: 2353 DEMARTINI LANE		TELEPHONE:	(925) 634-8802
CITY: BRENTWOOD		ZIP CODE:	94513
CAPACITY: 6		DATE:	04/23/2026
		UNANNOUNCED TIME BEGAN:	09:48 AM
MET WITH: Cherry Corazon, Caregiver		TIME COMPLETED:	12:20 PM

ALLEGATION(S):

1	Staff illegally evicted a resident in care.
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INVESTIGATION FINDINGS:

1	On 04/23/206 at 9:48AM, Licensing Program Analyst (LPA), T. Syess-Gibson arrived unannounced to conduct an investigation and deliver complaint findings for the above allegations. LPA met with Cherry Corazon, caregiver and explained the reason for the visit. Marilou Intog, House Manager arrived at approximately 10:10AM, LPA explained the purpose of visit.
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7	During the investigation, LPA interviewed W1, W2, S1, S2 and S3. LPA reviewed and obtained the following documents: staff roster, staff contact information, residents' roster, resident (R1) emergency information, admission agreement, appraisal needs and service plan, physician's report, daily behavior notes and all incidents' reports.
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11	Continue on LIC9099C...
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Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Harpreet Humpal

LICENSING EVALUATOR NAME: Tonica Syess-Gibson	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/23/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/23/2026

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 4
Control Number 15-AS-20251222101326

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: BRUIZ CAREHOME **FACILITY NUMBER:** 079200523
VISIT DATE: 04/23/2026

NARRATIVE	
1	Continued from LIC9099
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4	Allegation: Staff illegally evicted a resident in care.
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7	Interview with W1 revealed, W1 called S1 to advise R1 was ready to be picked up from the hospital, S1
8	stated would not allow R1 back into the home, R1 needs could not be met at the facility. Interview with
9	W2 revealed, W2 called S1 a couple of times for R1's discharge planning, S1 informed W2 of not be
10	taking R1 back. Interview with S1 revealed R1's behavior was impacting the other residents at the
11	facility and R1 was no longer a good for the facility due to behaviors. Interview with S1 also revealed, S1
12	refused to accept R1 back without the proper eviction notice.
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15	Based on LPAs observations and interviews which were conducted and record reviews, the
16	preponderance of evidence standard has been met, therefore the above allegations are found to be
17	SUBSTANTIATED. California Code of Regulations (Title 22, Division 6, Chapter 8), are being cited on
18	the attached LIC 9099D.
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20	Exit interview conducted and a copy of this report and appeal rights were given.
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SUPERVISORS NAME: Harpreet Humpal	
LICENSING EVALUATOR NAME: Tonica Syess-Gibson	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/23/2026
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LIC9099 (FAS) - (06/04) Page: 2 of 4
Control Number 15-AS-20251222101326

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COMPLAINT INVESTIGATION REPORT (Cont)	

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type B 04/03/2026 Section Cited CCR 87224(a)	1	87224 Eviction Procedures	1	By POC date. Administrator has agreed to review the eviction procedures and submit self-certification email to CCLD.
	2	(a) The licensee may evict a resident	2	
	3	for one or more of the reasons listed in	3	
	4	Section 87224(a)(1) through (5). Thirty	4	
	5	(30) days written notice to the resident	5	
	6	is required except as otherwise	6	
	7	specified in paragraph (5)	7	
		This requirement is not met as evidenced by:		
	8	Based on interviews, licensee did not	8	
	9	comply with the section cited above by	9	
	10	refusing to accept a R1 back without an	10	
	11	eviction notice which poses a potential	11	
	12	health and safety risk to the persons in	12	
	13	care.	13	
	14		14	
	1		1	
	2		2	
	3		3	
	4		4	
	5		5	
	6		6	
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	1		1	
	2		2	
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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: Harpreet Humpal

LICENSING EVALUATOR NAME: Tonica Syess-Gibson

LICENSING EVALUATOR SIGNATURE:

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/23/2026

This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/22/2025** and conducted by Evaluator Tonica Syess-Gibson

PUBLIC

COMPLAINT CONTROL NUMBER: 15-AS-20251222101326

ALLEGATION(S):

1	Staff caused an injury to a resident in care.
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INVESTIGATION FINDINGS:

1	On 04/23/206 at 9:48AM, Licensing Program Analyst (LPA), T. Syess-Gibson arrived unannounced to
2	conduct an investigation and deliver complaint findings for the above allegations. LPA met with Cherry
3	Corazon, caregiver and explained the reason for the visit. Marilou Intog, House Manager arrived at
4	approximately 10:10AM, LPA explained the purpose of visit.
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7	Allegation: Staff caused an injury to a resident in care.
8	Interview with W1 revealed R1 sustained a bruise on chest, W1 wasn't sure if it was caused by contact
9	from staff or R1. Interview with W2 revealed, W1 informed nursing staff of R1 having a bruise, W2
10	consulted with the doctor, doctor was positive medical reasons were the reason for bruising. Interviews
11	with S1, S2 and S3 revealed staff did not handle R1 in a manner of causing injury.
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	Based upon the information obtained during investigation. The above allegations are unsubstantiated. A
	finding that the complaint is UNSUBSTANTIATED means that although the allegation may have
	happened or is valid, there is not a preponderance of the evidence to prove that the alleged violation
	occurred.
	Exit interview conducted and a copy of report was given.

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Harpreet Humpal	
LICENSING EVALUATOR NAME: Tonica Syess-Gibson	
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