

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 079200582
Report Date: 08/03/2026
Date Signed: 08/03/2026 04:22:04 PM

Substantiated

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 **07/31/2026** and conducted by Evaluator Daisy Panlilio

	COMPLAINT CONTROL NUMBER: 15-AS-20260731155414
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FACILITY NAME:	AMBASSADOR CARE HOME	FACILITY NUMBER:	079200582
ADMINISTRATOR:	IKHARO-UMARU, RAUFAT	FACILITY TYPE:	740
ADDRESS:	145 BEEDE WAY	TELEPHONE:	(510) 812-2188
CITY:	ANTIOCH	ZIP CODE:	94509
CAPACITY:	6	DATE:	08/03/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	03:49 PM
	CENSUS: 4	TIME COMPLETED:	06:30 PM
MET WITH:	Raufat Ikharo-Umaru, Administrator		

ALLEGATION(S):

1	Staff neglect and lack of supervision of residents
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INVESTIGATION FINDINGS:

1	On 08/03/26 at 3:51PM, Licensing Program Analyst (LPA) D Panlilio conducted an unannounced
2	complaint visit, met with staff (ADM) gathered information on the allegation and delivered investigation
3	finding to ADM. LPA explained the purpose of the visit with staff (ADM, S1) during visit.
4	
5	Allegation: Staff neglect and lack of supervision
6	Investigation Finding: Substantiated
7	On 08/03/26 at 3:51PM, LPA interviewed reporting party (RP) and staff (ADM) regarding the allegation of
8	staff neglect and lack of supervision. ADM stated that on 07/21/26, staff (S2) was under the influence of
9	alcohol while on duty and called 911 because she was experiencing abdominal pain. Contra Costa Fire
10	Department responded to the 911 call and Emergency personnel found S2 to be intoxicated, exhibiting a
11	strong odor of alcohol. RP stated that three (3) residents under her care on that day were found foraging
12	for food.
13	Continued on next page, LIC 9099-C

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Bennett Fong	
LICENSING EVALUATOR NAME: Daisy Panlilio	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/03/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/03/2026

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-20260731155414

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: AMBASSADOR CARE HOME	FACILITY NUMBER: 079200582
	VISIT DATE: 08/03/2026

NARRATIVE	
1	Antioch Police called ADM to take over the care of the residents while S2 was taken
2	to the hospital for treatment and evaluation. RP stated ADM arrived at the facility 20
3	minutes after the initial call. ADM stated S2 was terminated immediately after
4	discharge from the hospital. Based on LPA's observations and interviews which were
5	conducted and record review(s), the preponderance of evidence standard has been
6	met, therefore the above allegation(s) was found to be substantiated.
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9	Immediate civil penalty of \$500 assessed during visit for immediate health and
10	safety risk to residents.
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12	
13	Deficiency is cited per Title 22 California Code of Regulations and listed on
14	LIC9099D. Failure to submit proof of correction (POC) by plan of correction due date
15	and/or any repeat deficiencies within a 12-month period may result in civil penalties.
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17	Exit interview conducted. Appeal Rights and a copy of this report provided.
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SUPERVISORS NAME: Bennett Fong	
LICENSING EVALUATOR NAME: Daisy Panlilio	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/03/2026
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LIC9099 (FAS) - (06/04) Page: 2 of 3
Control Number 15-AS-20260731155414

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**COMPLAINT INVESTIGATION REPORT
(Cont)**

310
OAKLAND, CA 94612

FACILITY NAME: AMBASSADOR CARE HOME
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 079200582
VISIT DATE: 08/03/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type A 08/03/2026 Section Cited CCR 87468.2(a)(4)	1 2 3 4 5 6 7	To care, 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.	1 2 3 4 5 6 7	Deficiency was corrected on 07/21/26 by ADM terminating S2's employment after discharge from the hospital the same day. Immediate civil penalty of \$500 assessed during visit.
	8 9 10 11 12 13 14	This requirement was not met as evidenced by staff working under the influence of alcohol which posed an immediate health and 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.

SUPERVISOR'S NAME: Bennett Fong	
LICENSING EVALUATOR NAME: Daisy Panlilio	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/03/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/03/2026