

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 079200843

Report Date: 01/23/2026

Date Signed: 01/23/2026 05:33:00 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 **12/03/2025** and conducted by Evaluator Daisy Panlilio

	COMPLAINT CONTROL NUMBER: 15-AS-20251203084650
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FACILITY NAME: TUSCAN BLUE II	FACILITY NUMBER: 079200843
ADMINISTRATOR: PRAMOD, BALANANDAN	FACILITY TYPE: 740
ADDRESS: 5405 MOJAVE WAY	TELEPHONE: (510) 331-5774
CITY: ANTIOCH	ZIP CODE: 94531
CAPACITY: 6	DATE: 01/23/2026
MET WITH: Kavitha Pramod, Administrator Rony Apostol, Staff	UNANNOUNCED TIME BEGAN: 05:08 PM TIME COMPLETED: 06:30 PM

ALLEGATION(S):

1	Staff failed to provide necessary hydration, nutrition and basic care
2	Administrator and staff failed to monitor and supervise the resident
3	Staff failed to ensure the resident received necessary medical supplies and monitoring
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INVESTIGATION FINDINGS:

1	On 01/23/26 5PM, Licensing Program Analyst (LPA) D Panlilio conducted a subsequent complaint visit, met with staff (S1) and spoke to administrator (ADM) on the phone who authorized S1 to act on her behalf and sign the reports. LPA delivered investigation findings to ADM and S1. LPA explained the purpose of the visit with staff.
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6	During investigation, LPA obtained the following documents from administrator – Personnel record (LIC500), Resident roster, pre-appraisal reports, Admission agreements, physician's reports, Needs/Services plans, ID/Emergency information, Hospice care plans, Medication administration records (MARs starting July 2025 to December 2025), special diet records, Care Progress notes, incident reports.
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12	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: 01/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 01/23/2026

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 5
Control Number 15-AS-20251203084650

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
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COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: TUSCAN BLUE II **FACILITY NUMBER:** 079200843
VISIT DATE: 01/23/2026

NARRATIVE

1 Allegation: Staff failed to provide necessary hydration, nutrition and basic care
2 Investigation Finding: Unsubstantiated
3 During investigation, LPA interviewed reporting party (RP), staff (ADM, S1) and reviewed R1's
4 documents. Resident (R1) had a fall from her home and was first admitted at the facility on 07/19/25.
5 During her stay at the facility, R1 was evaluated by her primary care physician who recommended
6 hospice services be provided since R1 would not eat because she did not like the taste of medications
7 given. R1 was admitted into hospice care on 08/26/25. Staff (ADM, S1) stated they followed the hospice
8 care plan for R1 which was to provide a special diet (R1 has Type 2 diabetes), hydrate and continue to
9 administer medications, document refusal of medications and work with hospice care team in assisting
10 R1 improve her condition. On 11/21/25, hospice care team determined R1's health has improved to the
11 point that hospice care is no longer required. Review of R1's hospice discharge summary report dated
12 11/22/25 showed R1 had improved mid-arm circumference. Hospice discharge report also showed R1's
13 initial intake of meals were 30%, upon discharge her daily consumption of meals
14 were 25 to 75%, eating 3 meals a day. occasionally eating 100%. Her independent
15 functioning has improved from 1: 1 feeding on admission to being able to feed
16 herself on discharge and that R1 had a stage 2 pressure injury on admission but was healed at the
17 time of discharge. Although the allegation may have happened or are valid, there is not a
18 preponderance of the evidence to prove that the alleged violation occurred. Therefore, the allegation
19 that staff failed to provide necessary hydration, nutrition and basic care to R1 is unsubstantiated.
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22 Continued on next page, LIC9099-C pg2
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SUPERVISORS NAME: Bennett Fong
LICENSING EVALUATOR NAME: Daisy Panlilio
LICENSING EVALUATOR SIGNATURE: _____
DATE: 01/23/2026

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DATE: 01/23/2026

LIC9099 (FAS) - (06/04) Page: 2 of 5
Control Number 15-AS-20251203084650

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE.
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COMPLAINT INVESTIGATION REPORT (Cont)

310
OAKLAND, CA 94612

FACILITY NAME: TUSCAN BLUE II

FACILITY NUMBER: 079200843

VISIT DATE: 01/23/2026

NARRATIVE

1 Allegation: Administrator and staff failed to monitor and supervise the resident
 2 Investigation Finding: Unsubstantiated
 3 During investigation, LPA interviewed reporting party (RP), staff (ADM, S1) and reviewed R1's
 4 documents. Review of R1's physician's and appraisal reports dated 07/19/25 and 09/08/25 showed R1
 5 health history as acute failure to thrive, protein calorie malnutrition and dementia. On 08/26/25, R1 was
 6 admitted into hospice care. On 11/21/25, the hospice care team determined R1's health improved and
 7 released her from hospice care. However, due to R1's continued refusal to eat because she did not like
 8 the taste of medications given, ADM stated both R1's authorized representative (DPOA) and primary
 9 care physician (PCP) decided to put her back into hospice care on 12/30/25 due to her declining health
 10 condition. Staff (ADM, S1) stated they continue to monitor/ supervise R1 and follow the hospice care
 11 plan for R1 which was to provide special diet (R1 has Type 2 diabetes), hydrate and continue to
 12 administer medications, document refusal of medications and work with hospice care team in assisting
 13 R1 improve her condition. Although the allegation may have happened or are valid, there is not a
 14 preponderance of the evidence to prove that the alleged violation occurred. Therefore, the allegation
 15 that staff failed to monitor and supervise the resident is unsubstantiated.
 16
 17 Allegation: Staff failed to ensure the resident received necessary medical supplies and monitoring
 18 Investigation Finding: Unsubstantiated
 19 During investigation, LPA interviewed reporting party (RP), staff (ADM, S1) and reviewed R1's
 20 documents. On 12/03/25. LPA observed R1 to be clean, well groomed, odor free and comfortable with
 21 staff assisting with her activities of daily living (ADLs – incontinent care, meals, medication
 22 administration, grooming, dressing, bathing, toileting). LPA toured the facility and observed R1 had an
 23 approved medical bed, a wheelchair, side table and sufficient supply of diapers and medications as
 24 prescribed by her primary care physician (PCP). Staff (ADM, S1) stated they followed R1's hospice care
 25 plan and continue to administer medications, document refusal of medications and work with hospice
 26 care team in assisting R1 improve her health condition. Although the allegation may have happened or
 27 are valid, there is not a preponderance of the evidence to prove that the alleged violation occurred.
 28 Therefore, the allegation that staff failed to ensure the resident received necessary medical supplies and
 29 monitoring is unsubstantiated.
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 31 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: 01/23/2026

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FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 01/23/2026

LIC9099 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
COMPLAINT INVESTIGATION REPORT

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

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CAPACITY: 6	DATE: 01/23/2026
MET WITH: Kavitha Pramod, Administrator	UNANNOUNCED TIME BEGAN: 05:08 PM
Rony Apostol, Staff	TIME COMPLETED: 06:30 PM

ALLEGATION(S):

1	The facility misrepresented itself as a hospice provider
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INVESTIGATION FINDINGS:

1	On 01/23/26 5PM, Licensing Program Analyst (LPA) D Panlilio conducted a subsequent complaint visit,
2	met with staff (S1) and spoke to administrator (ADM) on the phone who authorized S1 to act on her
3	behalf and sign the reports. LPA delivered investigation findings to ADM and S1. LPA explained the
4	purpose of the visit with staff.
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6	During investigation, LPA obtained the following documents from administrator – Personnel record
7	(LIC500), Resident roster, pre-appraisal reports, Admission agreements, physician's reports,
8	Needs/Services plans, ID/Emergency information, Hospice care plans, Medication administration records
9	(MARs starting July 2025 to December 2025), special diet records, Care Progress notes, incident
10	reports.
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12	Continued on next page, LIC9099-C
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Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Bennett Fong	
LICENSING EVALUATOR NAME: Daisy Panlilio	
LICENSING EVALUATOR SIGNATURE:	DATE: 01/23/2026

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 LIC9099 (FAS) - (06/04) Page: 4 of 5

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: TUSCAN BLUE II **FACILITY NUMBER:** 079200843
VISIT DATE: 01/23/2026

NARRATIVE

1	Allegation: The facility misrepresented itself as a hospice provider
2	Investigation Finding: Unfounded
3	During investigation LPA interviewed reporting party (RP), staff (ADM, S1) and reviewed R1's
4	documents. Review of the State License issued on 10/04/2019 to the facility as a Residential Care
5	Home for the Elderly (RCFE) showed the facility has an approved hospice waiver for three (3) residents.
6	The facility is permitted to accept or retain residents who have been diagnosed as terminally ill by his or
7	her primary care physician to reside in the facility and receive hospice services from a hospice agency in
8	the facility. This Department has investigated the allegation that the facility misrepresented itself as a
9	hospice provider and found the allegation without a reasonable basis and is therefore unfounded.
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11	No deficiency cited during visit. Exit interview conducted and a copy of this report provided.
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LICENSING EVALUATOR SIGNATURE: **DATE:** 01/23/2026

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