

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 079200921  
Report Date: 01/14/2026  
Date Signed: 01/14/2026 04:17:24 PM

### Unsubstantiated

|  |   |
|--|---|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>OAKLAND ASC, 1515 CLAY STREET, STE. 310<br>OAKLAND, CA 94612 |
| <b>COMPLAINT INVESTIGATION REPORT</b>                  |   |

This is an official report of an unannounced visit/investigation of a complaint received in our office on **09/18/2025** and conducted by Evaluator Tonica Syess-Gibson

|               |   |
|---------------|---|
| <b>PUBLIC</b> | <b>COMPLAINT CONTROL NUMBER: 15-AS-20250918134246</b> |
|---------------|---|

|  |   |
|--|---|
| <b>FACILITY NAME:</b> A FAMILY OF CARE         | <b>FACILITY NUMBER:</b> 079200921       |
| <b>ADMINISTRATOR:</b> TAYLOR, KATHLEEN         | <b>FACILITY TYPE:</b> 740               |
| <b>ADDRESS:</b> 1945 ST MARTIN PLACE           | <b>TELEPHONE:</b> (510) 755-7810        |
| <b>CITY:</b> BRENTWOOD                         | <b>STATE:</b> CA                        |
| <b>CAPACITY:</b> 6                             | <b>ZIP CODE:</b> 94513                  |
| <b>MET WITH:</b> Zariah Charles, House Manager | <b>DATE:</b> 01/14/2026                 |
|  | <b>UNANNOUNCED TIME BEGAN:</b> 03:30 PM |
|  | <b>TIME COMPLETED:</b> 04:35 PM         |

#### ALLEGATION(S):

|   |  |
|---|--|
| 1 | Staff leave residents in bed for extended periods of time. |
| 2 | Staff wrongfully evicted resident.                         |
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#### INVESTIGATION FINDINGS:

|    |  |
|----|--|
| 1  | On 01/14/2026 at 3:30PM Licensing Program Analyst (LPA), T. Syess-Gibson arrived unannounced to        |
| 2  | conduct an investigation and deliver complaint findings for allegations above. LPA met with Zariah     |
| 3  | Charles, House Manager, and explained the reason for the visit.  |
| 4  |  |
| 5  | Allegation: Staff wrongfully evicted resident.   |
| 6  | Interviews with S1, S2 and W1 revealed R1 was not evicted from the facility. R1 was removed from the   |
| 7  | facility by family member. Record review revealed R1 was not evicted, W1 removed R1 from the facility. |
| 8  |  |
| 9  | Continue on LIC9099C.....  |
| 10 |  |
| 11 |  |
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|                        |                                      |
|------------------------|--------------------------------------|
| <b>Unsubstantiated</b> | <b>Estimated Days of Completion:</b> |
|------------------------|--------------------------------------|

**SUPERVISORS NAME:** Harpreet Humpal

LICENSING EVALUATOR NAME: Tonica Syess-Gibson  
LICENSING EVALUATOR SIGNATURE:

DATE: 01/14/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/14/2026

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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OAKLAND, CA 94612

# COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: A FAMILY OF CARE

FACILITY NUMBER: 079200921

VISIT DATE: 01/14/2026

## NARRATIVE

1 Continued from LIC9099

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**Allegation: Staff leave residents in bed for extended periods of time.**

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Interviews with S1 and S2 revealed there is no set bedtime for the residents, residents usually go into their rooms around 8:30pm, after dinner and evening activities. Interviews with R2, R3 and R4 revealed there is not a set bedtime for residents and residents are allowed to get out of bed as they like.

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Based on interviews conducted and records reviewed, the preponderance of evidence standard has not been met, therefore the allegation is found to be **UNSUBSTANTIATED**, meaning that although the allegation may have happened or is valid, there is not a preponderance of evidence to prove it did or did not occur.

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Exit interview conducted and a copy of this report provided.

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SUPERVISORS NAME: Harpreet Humpal

LICENSING EVALUATOR NAME: Tonica Syess-Gibson

LICENSING EVALUATOR SIGNATURE:

DATE: 01/14/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/14/2026

LIC9099 (FAS) - (06/04)

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