

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 079200940
Report Date: 08/08/2025
Date Signed: 08/08/2025 11:07:11 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 **02/20/2025** and conducted by Evaluator Alona Gomez

	COMPLAINT CONTROL NUMBER: 15-AS-20250220114249
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FACILITY NAME: NEW ALAMO RESIDENCE HOME	FACILITY NUMBER: 079200940
ADMINISTRATOR: SAXENA, MEERAN	FACILITY TYPE: 740
ADDRESS: 836 STONE VALLEY RD	TELEPHONE: (925) 743-1565
CITY: ALAMO	ZIP CODE: 94507
CAPACITY: 6	DATE: 08/08/2025
MET WITH: Licensee, Meeran Saxena	UNANNOUNCED TIME BEGAN: 08:30 AM
	TIME COMPLETED: 11:30 AM

ALLEGATION(S):

1	Staff did not maintain a comfortable temperature for residents
2	Staff did not provide resident(s) with adequate food services.
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INVESTIGATION FINDINGS:

1	On 8/8/2025 at 8:30AM, Licensing Program Analyst (LPA) A Gomez arrived unannounced to deliver
2	findings in regard to the allegations above. LPA met with Licensee, Meeran Saxena and explained the
3	purpose of the visit.
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5	During the investigation, LPA conducted interviews, toured facility, and reviewed files. On 2/21/2025 LPA
6	interviewed S1 and S2. Durring LPA's visit on 2/21/2025 LPA observed the facility temprature at 64
7	degrees F and that the facility did not have the required 2 days of perishables and 7 days of non-
8	perishable foods.
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Substantiated	Estimated Days of Completion:
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NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios
NAME OF LICENSING PROGRAM ANALYST: Alona Gomez
LICENSING PROGRAM ANALYST SIGNATURE: _____ **DATE:** 08/08/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 08/08/2025

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

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
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ADDRESS: 836 STONE VALLEY RD	TELEPHONE: (925) 743-1565
CITY: ALAMO	STATE: CA ZIP CODE: 94507
CAPACITY: 6	CENSUS: 6 DATE: 08/08/2025
MET WITH: Licensee, Meeran Saxena	UNANNOUNCED TIME BEGAN: 08:30 AM
	TIME COMPLETED: 11:30 AM

- ALLEGATION(S):**
- | | |
|---|---|
| 1 | Staff threw an item at resident. |
| 2 | Staff spoke to resident in an inappropriate manner. |
| 3 | Staff solicited a monetary gift from resident. |
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INVESTIGATION FINDINGS:

1	On 8/8/2025 at 8:30AM, Licensing Program Analyst (LPA) A Gomez arrived unannounced to deliver findings in regard to the allegations above. LPA met with Licensee, Meeran Saxena and explained the purpose of the visit.
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5	During the investigation, LPA conducted interviews, toured facility, and reviewed files. On 2/21/2025 LPA interviewed S1 and S2.
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8	Report continues on LIC9099-C
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Unsubstantiated	Estimated Days of Completion:
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NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios
NAME OF LICENSING PROGRAM ANALYST: Alona Gomez
LICENSING PROGRAM ANALYST SIGNATURE: _____ **DATE:** 08/08/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 08/08/2025

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: NEW ALAMO RESIDENCE HOME **FACILITY NUMBER:** 079200940
VISIT DATE: 08/08/2025

NARRATIVE	
1	Pertaining to allegations: Staff threw an item at resident, Staff spoke to resident in an inappropriate
2	manner, and Staff solicited a monetary gift from resident.
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4	On 2/21/2025 LPA interviewed S1 who stated that they have not heard any staff speak to residents
5	inappropriately. LPA gave examples of what might be inappropriate comments/conversations and S1
6	maintained that they have not witnessed that behavior. S1 also stated that no staff have ever thrown any
7	items at residents or requested monetary gifts. S1 stated that sometimes around the holidays families
8	will give small gifts to staff but never the residents. On the same day LPA interviewed S2 who stated that
9	they have never observed staff throw any items at residents. S2 did confirm that they have witnessed
10	staff speak to residents inappropriately and ask for gifts but that they believe that when staff asked for
11	gifts it was in a joking manner. Although S2 confirmed that they have witnessed other staff speak to
12	residents inappropriately S2 did not provide specific staff which brought into question their credibility. LPA
13	did not witness any staff speaking to residents inappropriately during any visits. LPA briefly spoke with
14	R1 an annual visit who expressed happiness at the facility and had no complaints. LPA was unable to
15	interview other residents due to their cognitive abilities. Therefore the allegations are
16	UNSUBSTANTIATED.
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18	Although the allegation may have happened or is valid, there is not a preponderance of evidence to
19	prove the alleged violation did or did not occur, therefore the allegation is UNSUBSTANTIATED.
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21	Exit interview conducted and a copy of this report provided.
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NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios
NAME OF LICENSING PROGRAM ANALYST: Alona Gomez
LICENSING PROGRAM ANALYST SIGNATURE: DATE: 08/08/2025

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

FACILITY REPRESENTATIVE SIGNATURE: DATE: 08/08/2025
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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: NEW ALAMO RESIDENCE HOME **FACILITY NUMBER:** 079200940
VISIT DATE: 08/08/2025

NARRATIVE	
1	LPA did conduct subsequent visits and observed that the temperature was within the 68-85 degree
2	Fahrenheit range and that the facility had purchased additional food. Therefore the above allegations
3	are SUBSTANTIATED.

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Based on LPAs observations and interviews which were conducted the preponderance of evidence standard has been met, therefore the above allegations are found to be SUBSTANTIATED. California Code of Regulations (Title 22, Division 6, Chapter 8), are being cited on the attached LIC 9099D.

Exit interview conducted. Appeal Rights and a copy of this report provided.

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NAME OF LICENSING PROGRAM ANALYST: Alona Gomez
LICENSING PROGRAM ANALYST SIGNATURE: _____ **DATE:** 08/08/2025

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LIC9099 (FAS) - (06/04)

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Control Number 15-AS-20250220114249

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>COMPLAINT INVESTIGATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION OAKLAND ASC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612</p>
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FACILITY NAME: NEW ALAMO RESIDENCE HOME

FACILITY NUMBER: 079200940

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/08/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
<p>Type B 08/08/2025 Section Cited CCR 87303(b)(1)</p>	<p>1 (b) A comfortable temperature 2 maintained at all times.(1)The facility 3 shall...minimum of 68 degree F, (20 4 degrees C). 5 6 This requirement is not met as 7 evidence by:</p>	<p>1 Facility has removed the automatic 2 temperature adjustment and now the 3 facility is the correct temperature POC 4 clear 5 6 7</p>
	<p>8 Based on observation, the licensee did 9 not comply with the section cited above. 10 On 2/21/25 LPA observed the facility 11 temprature at 64 degrees F which 12 posed a potential personal rights risk to 13 persons in care. 14</p>	

<p>Type B 08/08/2025 Section Cited CCR 87555(b)(26)</p>	<p>1 (b) The following...shall apply: 2 (26)Supplies of nonperishable foods for 3 a minimum of one week and perishable 4 foods for a minimum of two days shall 5 be maintained... 6 This requirement is not met as 7 evidence by:</p>	<p>1 The facility has purchased additional 2 food. POC clear 3 4 5 6 7</p>
	<p>8 Based on observation, the licensee did 9 not comply with the section cited above. 10 LPA observed that the facility did not 11 have the required 2 days of perishables 12 and 7 days of non- perishable foods. 13 which posed a potential personal rights 14 risk to persons in care.</p>	<p>8 9 10 11 12 13 14</p>

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

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