

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 079200962
Report Date: 02/23/2023
Date Signed: 02/23/2023 03:33:58 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 **02/16/2023** and conducted by Evaluator Lizette Francisco

	COMPLAINT CONTROL NUMBER: 15-AS-20230216161224
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FACILITY NAME: WATERMARK AT SAN RAMON, THE	FACILITY NUMBER: 079200962
ADMINISTRATOR: HARRISON, NANCY	FACILITY TYPE: 740
ADDRESS: 12720 ALCOSTA BLVD	TELEPHONE: (925) 725-1485
CITY: SAN RAMON	STATE: CA ZIP CODE: 94583
CAPACITY: 95	CENSUS: 49 DATE: 02/23/2023
MET WITH: Kiel Stromgren, Executive Director	UNANNOUNCED TIME BEGAN: 02:10 PM
	TIME COMPLETED: 03:45 PM

ALLEGATION(S):

1	Facility staff took down licensing and Ombudsman posters for filing a complaint.
2	Facility staff blocked door entrances with chairs to prevent residents from leaving the building.
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INVESTIGATION FINDINGS:

1	On 2/23/2023 at 2:10 PM Licensing Program Analyst (LPA) L. Francisco arrived unannounced to conduct
2	an initial 10-day complaint investigation for the above allegations. LPA met with Executive Director, Kiel
3	Stromgren and Resident Care Director, Sangeeta Devi and LPA explained the purpose of the visit.
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5	During the course of the investigation, LPA toured facility, obtained information and interviewed staff. It
6	was alleged facility took down licensing and ombudsman posters for filing a complaint. Based on photos
7	obtained, LPA observed ombudsman poster was not posted in the lobby. During an interview with 2 staff,
8	LPA discovered that facility purchased a frame for the ombudsman poster and staff removed it
9	temporarily until the frame arrives. On 2/23/2023, LPA observed CCLD complaint poster posted by the
10	reception desk. However, size of poster was not the correct size of 20" x 26".
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12	REPORT CONTINUES ON 9099C
13	

Substantiated	Estimated Days of Completion:
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NAME OF LICENSING PROGRAM MANAGER: Harpreet Humpal	
NAME OF LICENSING PROGRAM ANALYST: Lizette Francisco	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 02/23/2023

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 02/23/2023
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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-20230216161224

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
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FACILITY NAME: WATERMARK AT SAN RAMON, THE **FACILITY NUMBER:** 079200962
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 02/23/2023

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 02/23/2023 Section Cited CCR 87307(d)(6)	1 PERSONAL ACCOMMODATIONS AND 2 SERVICES 3 (d) The following space and safety 4 provisions shall apply to all facilities: (6) 5 All outdoor and indoor passageways 6 and stairways shall be kept free of 7 obstruction.	1 DEFICIENCY CLEARED DURING 2 VISIT. LPA observed exit is free of 3 obstruction during tour of facility on 4 2/23/2023 5 6 7
	8 This requirement is not met as 9 evidenced by: Based on photos 10 obtained, Licensee did not comply with 11 the regulation cited above. LPA 12 observed two chairs blocking the exit 13 door in memory care which poses a 14 potential health, safety, personal rights risk to persons in care	
Type B 02/27/2023 Section Cited CCR 87468.2(a)(10)	1 87468.2(a)(10) ADDITIONAL 2 PERSONAL RIGHTS OF 3 RESIDENTS.... 4 (a) In addition to the rights listed in 5 Section 87468.1... (10)The licensee 6 shall post the telephone numbers and 7 addresses for the local offices of the State Department of Social Services and ombudsman program...the Welfare and Institutions Code, conspicuously in the facility foyer, lobby, residents' activity room, or other location easily accessible to residents and their representatives.	1 DEFICIENCY CLEARED DURING 2 VISIT. LPA observed ombudsman 3 poster was posted during tour of facility 4 on 2/23/2023 5 6 7
	8 This requirement is not met as 9 evidenced by: Based on photos 10 obtained and interview, Licensee did 11 not comply with the regulation cited 12 above by not posting Ombudsman 13 poster visible to residents and their 14 representative which poses a potential personal rights to persons in care.	

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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LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 02/23/2023

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Control Number 15-AS-20230216161224

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
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FACILITY NAME: WATERMARK AT SAN RAMON, THE

FACILITY NUMBER: 079200962

VISIT DATE: 02/23/2023

NARRATIVE

1	It was alleged facility staff blocked door entrance with chairs to prevent residents from leaving the building. Based on photos obtained, LPA observed 2 chairs obstructing the exit door in the Memory Care unit. Based on LPAs observations and interviews which were conducted and record reviews, 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 to Executive Director
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