

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 079201152

Report Date: 11/18/2025

Date Signed: 11/18/2025 02:29:48 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 **11/13/2025** and conducted by Evaluator Carol Fowler

	COMPLAINT CONTROL NUMBER: 15-AS-20251113115058
--	---

FACILITY NAME: GREENRIDGE SENIOR LIVING	FACILITY NUMBER: 079201152
ADMINISTRATOR: BLANC, PATRICK M	FACILITY TYPE: 740
ADDRESS: 2150 PYRAMID DRIVE	TELEPHONE: (510) 758-9600
CITY: RICHMOND	ZIP CODE: 94803
CAPACITY: 38	DATE: 11/18/2025
MET WITH: TAMIKA HILL, MANAGER	UNANNOUNCED TIME BEGAN: 10:50 AM
	TIME COMPLETED: 03:00 PM

ALLEGATION(S):

1	Unlawful eviction
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On 11/18/2025 at 10:50AM, Licensing Program Analyst (LPA) Carol Fowler arrived unannounced to deliver findings in regards to the allegation above. LPA met with Manager, Tamika Hill and informed her the reason for the visit.
2	
3	
4	
5	During the course of investigation, LPA C. Fowler interviewed staff, R1, and Witness 1. LPA reviewed and obtained admission agreement, physician's report, care plan, emergency information, eviction notice, eviction letter, care plan, progress notes, and copy of first payment from RP.
6	
7	
8	
9	(Continue on LIC9099...)
10	
11	
12	
13	

Unsubstantiated	Estimated Days of Completion:
------------------------	--------------------------------------

SUPERVISORS NAME: Bennett Fong
LICENSING EVALUATOR NAME: Carol Fowler
LICENSING EVALUATOR SIGNATURE: _____
DATE: 11/18/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 11/18/2025

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 2
Control Number 15-AS-20251113115058

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <h2 style="text-align: center;">COMPLAINT INVESTIGATION REPORT (Cont)</h2>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612</p>
--	--

FACILITY NAME: GREENRIDGE SENIOR LIVING **FACILITY NUMBER:** 079201152
VISIT DATE: 11/18/2025

NARRATIVE	
1	(continue from LIC9099)
2	
3	
4	After reviewing eviction notice, the 30-day notice does meet requirements in regulation 87224. Facility
5	filed an eviction letter and notice to the RP, which was delivered to RP home by Greenridge staff,
6	Manager, Tamika Hill and Business Office Manager, Carry Townson. R1 is being evicted due to non-
7	payment of the rate for basic services and the inability of the facility to meet the resident's needs due to
8	diagnosis.
9	
10	Interview with S1 revealed that R1's RP has not issued payment for rent. S1 stated that S1 is not aware
11	of the last payment made by RP. The facility has attempted to contact the RP multiple times, but calls
12	were not answered. Voicemail's were left with no return calls to the facility. S1 also stated that R1 is in
13	need of a higher level of care. Additionally R1 has not received any medication for approximately two
14	months and is exhibiting behaviors such as elopement and combativeness due to R1's diagnosis.
15	
16	Interview with W1 revealed that W1 called RP and left a voicemail. The RP returned the call but W1 was
17	not able to answer. W1 attempted to call back several times but has not received a return call. W1 also
18	confirmed that R1 has not received any medication for approximately two months and is exhibiting
19	behavioral concerns.
20	
21	Although the allegations may have happened or is valid, there is not a preponderance of evidence to
22	prove the alleged violations did occur, therefore the allegations are UNSUBSTANTIATED .
23	
24	Exit interview conducted. A copy of this report provided.
25	
26	
27	
28	
29	
30	
31	
32	

SUPERVISORS NAME: Bennett Fong
LICENSING EVALUATOR NAME: Carol Fowler
LICENSING EVALUATOR SIGNATURE: _____
DATE: 11/18/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 11/18/2025