

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 079201165

Report Date: 10/28/2025

Date Signed: 10/28/2025 03:58:49 PM

Unsubstantiated

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 **07/17/2025** and conducted by Evaluator Tonica Syess-Gibson

PUBLIC	COMPLAINT CONTROL NUMBER: 15-AS-20250717102256
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FACILITY NAME: MERRILL GARDENS AT BRENTWOOD	FACILITY NUMBER: 079201165
ADMINISTRATOR: SHIELDS, JERYL	FACILITY TYPE: 740
ADDRESS: 2600 BALFOUR RD	TELEPHONE: (925) 297-6841
CITY: BRENTWOOD	STATE: CA
CAPACITY: 150	ZIP CODE: 94513
	CENSUS: 115
	DATE: 10/28/2025
MET WITH: Lydia Hertzler, Executive Director	UNANNOUNCED TIME BEGAN: 10:45 AM
	TIME COMPLETED: 04:10 PM

ALLEGATION(S):

1	Staff did not seek timely medical attention for resident after a change in condition
2	Staff do not ensure that resident call buttons are in proper working condition
3	Licensee did not abide by the terms and conditions of resident's admission agreement
4	Staff are not dispensing medications as prescribed
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INVESTIGATION FINDINGS:

1	On 10/28/2025 at 10:45AM, Licensing Program Analyst (LPA) T. Syess-Gibson arrived unannounced to
2	conduct a complaint investigation and deliver the findings in regard to the allegations above. LPA met
3	with Lydia Hertzler, Executive Director, and informed her of the reason for visit.
4	
5	During the investigation, LPA interviewed witness, staff members and obtained the following documents:
6	staff roster, staff contact information, resident roster, R1's admission agreement, preplacement appraisal,
7	physicians report (LIC602), after visit summary, doctor notes dated April 08,2025, Medication
8	Administration Record (MAR), unusual incident reports (LIC624), facility's incident notes and facility's pull
9	cord log dated June 5, 2025
10	
11	Continued on LIC9099C...
12	
13	

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Harpreet Humpal

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

DATE: 10/28/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/28/2025

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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COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: MERRILL GARDENS AT BRENTWOOD

FACILITY NUMBER: 079201165

VISIT DATE: 10/28/2025

NARRATIVE

1 Continued from LIC9099
2
3

4 Staff did not seek timely medical attention for resident after a change in condition 5

6 During interviews and record review, it was revealed the facility contacted W1 to schedule a doctor
7 appointment for R1, due to changes in condition observed observe by S2. Interviews revealed W1
8 stated she couldn't schedule R1 an appointment due to R1 not having a doctor here in this area and the
9 appointments were booked out for 6 months.
10

11 Staff do not ensure that resident call buttons are in proper working condition 12

13 During interviews, it was revealed that R1 pressed call button on June 5, 2025, and S3 responded
14 timely. During interviews it was stated R1 pulled her pull cord and S3 arrived shortly and found R1 on
15 the floor expressing suicidal intent. Record review revealed pull cord in R1's bathroom was pulled at
16 5:16am and S3 arrived at 5:22am.
17

18 Licensee did not abide by the terms and conditions of resident's admission agreement 19

20 During interviews and record review, it was revealed that the facility did abide by the terms and
21 conditions of R1's admission agreement. Interviews revealed that the facility did abide by the terms of
22 R1's admission agreement, and that R1's condition changes which resulted in a fee adjustment for R1's
23 care needs. Record review revealed, facility conducted another evaluation of the R1 and proposed an
24 increase in fees to W1 due to an increase in care needs for R1
25

26
27 Continue on LIC9099C...
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SUPERVISORS NAME: Harpreet Humpal

LICENSING EVALUATOR NAME: Tonica Syess-Gibson

LICENSING EVALUATOR SIGNATURE:

DATE: 10/28/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/28/2025

LIC9099 (FAS) - (06/04)

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COMPLAINT INVESTIGATION REPORT (Cont)

NARRATIVE

1 Continued from LIC9099C
 2
 3
 4
 5
 6 **Staff are not dispensing medications as prescribed.**
 7
 8 During interviews and record review, it was revealed that staff followed R1's physician report regrading
 9 administering medications. Interviews revealed that S2 followed R1's new Physician report (LIC602),
 10 dispensed the medications listed on LIC602 and informed W1 of the change in medications. Record
 11 review revealed that R1's physician made adjustments to R1's medications that was previously
 12 prescribed.
 13
 14 Based upon the information obtained during investigation. The above allegations are unsubstantiated. A
 15 finding that the complaint is **UNSUBSTANTIATED** means that although the allegation may have
 16 happened or is valid, there is not a preponderance of the evidence to prove that the alleged violation
 17 occurred.
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 25 Exit interview conducted and a copy of report was given to Lydia Hertzler.
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SUPERVISORS NAME: Harpreet Humpal
LICENSING EVALUATOR NAME: Tonica Syess-Gibson
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 10/28/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 10/28/2025