

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 079201165
Report Date: 07/16/2026
Date Signed: 07/16/2026 12:08:35 PM

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 **12/18/2025** and conducted by Evaluator Tonica Syess-Gibson

PUBLIC	COMPLAINT CONTROL NUMBER: 15-AS-20251218154613
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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:	127
		DATE:	07/16/2026
		UNANNOUNCED TIME BEGAN:	10:21 AM
MET WITH:	Lydia Hertzler, Executive Director	TIME COMPLETED:	12:30 PM

ALLEGATION(S):

1	Staff does not ensure resident is allowed to have private vists with family during reasonable hours in the facility
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INVESTIGATION FINDINGS:

1	On 07/16/2026 at 10:21AM, Licensing Program Analyst (LPA), T. Syess-Gibson arrived unannounced to deliver the findings regarding the allegations above. LPA met with Lydia Hertzler, Executive Director, and explained the reason for the visit.
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5	During the investigation LPA, interviewed witnesses, staff members and resident (R1). LPA obtained the following documents: R1's admission agreement, emergency contact information, physicians report, incident reports, appraisal needs and service plan, and staff contact information.
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9	Continue on LIC9099C...
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Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Harpreet Humpal

LICENSING EVALUATOR NAME: Tonica Syess-Gibson	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/16/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/16/2026

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
Control Number 15-AS-20251218154613

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 (Cont)	

FACILITY NAME: MERRILL GARDENS AT BRENTWOOD	FACILITY NUMBER: 079201165
	VISIT DATE: 07/16/2026

NARRATIVE	
1	Continued from LIC9099
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4	Staff does not ensure resident is allowed to have private visits with family during reasonable
5	hours in the facility
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7	Interviews with W1 revealed facility staff did not allow W1 to visit R1 due to R1's daughter's request.
8	Interview with W2 revealed W2 doesn't want W1 to visit R1 alone because W1 upsets R1 during visits.
9	Interviews with S1 and S2 revealed staff did not allow W1 to visit R1 per the request of R1's daughter.
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11	Based on LPAs interviews which were conducted, the preponderance of evidence standard has been
12	met, therefore the above allegations are found to be SUBSTANTIATED . California Code of Regulations
13	(Title 22, Division 6, Chapter 8), are being cited on the attached LIC 9099D.
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15	Exit interview conducted and a copy of this report and appeal rights were given.
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SUPERVISORS NAME: Harpreet Humpal	
LICENSING EVALUATOR NAME: Tonica Syess-Gibson	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/16/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/16/2026

LIC9099 (FAS) - (06/04) Page: 2 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
COMPLAINT INVESTIGATION REPORT	

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FACILITY NAME: MERRILL GARDENS AT BRENTWOOD

FACILITY NUMBER: 079201165

ADMINISTRATOR: SHIELDS, JERYL

NUMBER:

ADDRESS: 2600 BALFOUR RD

FACILITY TYPE: 740

CITY: BRENTWOOD

TELEPHONE: (925) 297-6841

CAPACITY: 150

STATE: CA

ZIP CODE: 94513

CENSUS:

DATE: 07/16/2026

UNANNOUNCED TIME BEGAN:

10:21 AM

MET WITH: Lydia Hertzler, Executive Director

TIME

COMPLETED: 12:30 PM

ALLEGATION(S):

1 Staff does not ensure resident is allowed to have reasonable access to telephones, to both make and
2 receive confidential calls.
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INVESTIGATION FINDINGS:

1 On 07/16/2026 at 10:21AM, Licensing Program Analyst (LPA), T. Syess-Gibson arrived unannounced to
2 deliver the findings regarding the allegations above. LPA met with Lydia Hertzler, Executive Director, and
3 explained the reason for the visit.
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6 Allegation: Staff does not ensure resident is allowed to have reasonable access to telephones, to both
7 make and receive confidential calls.
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9 Continue on LIC9099C...
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Unsubstantiated

Estimated Days of Completion:

SUPERVISORS NAME: Harpreet Humpal

LICENSING EVALUATOR NAME: Tonica Syess-Gibson

LICENSING EVALUATOR SIGNATURE:

DATE: 07/16/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/16/2026

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LIC9099 (FAS) - (06/04)

Page: 3 of 5

Control Number 15-AS-20251218154613

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

FACILITY NAME: MERRILL GARDENS AT BRENTWOOD

FACILITY NUMBER: 079201165

VISIT DATE: 07/16/2026

NARRATIVE

1 Continued from LIC9099A
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6 Interviews with W1, revealed daughter took R1's cell phone away preventing W1 from talking with R1.
7 Interview with W2 revealed, R1 no longer has a cell phone, W1 can call the facility if W1 wants to talk to
8 R1. Interview with S1 revealed R1 has access to the facility's telephone when needed, and if R1 needs

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to make or receive an incoming call staff will take the telephone to R1 for use.

Based upon the information obtained during investigation. The above allegations are unsubstantiated. A finding that the complaint is **UNSUBSTANTIATED** means that although the allegation may have happened or is valid, there is not a preponderance of the evidence to prove that the alleged violation occurred.

Exit interview conducted and a copy of report was given.

SUPERVISORS NAME: Harpreet Humpal

LICENSING EVALUATOR NAME: Tonica Syess-Gibson

LICENSING EVALUATOR SIGNATURE:

DATE: 07/16/2026

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FACILITY REPRESENTATIVE SIGNATURE:

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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

FACILITY NAME: MERRILL GARDENS AT BRENTWOOD

FACILITY NUMBER: 079201165

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/16/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 07/26/2026 Section Cited CCR 87468.2(a)(1)	1 (a) In addition to the rights listed in 2 Section 87468.1, Personal Rights of 3 Residents in All Facilities....(1) To have 4 a reasonable level of personal privacy 5 in accommodations....This requirement 6 is not met as evidence by: 7	1 By POC date, licensee agreed to 2 implement a plan and send email to 3 CCL. 4 5 6 7
	8 Based on interviews, the licensee did 9 not comply with the section cited above 10 by not ensuring resident is allowed 11 visitors which poses a potential 12 personal rights risk to the residents in 13 care. 14	8 9 10 11 12 13 14

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	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

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

SUPERVISOR'S NAME: Harpreet Humpal LICENSING EVALUATOR NAME: Tonica Syess-Gibson LICENSING EVALUATOR SIGNATURE: DATE: 07/16/2026	
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