

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 079201172
Report Date: 08/20/2025
Date Signed: 09/09/2025 03:28:11 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 **08/13/2025** and conducted by Evaluator Daisy Panlilio

	COMPLAINT CONTROL NUMBER: 15-AS-20250813161718
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FACILITY NAME: FRIENDSHIP CARE HOME	FACILITY NUMBER: 079201172
ADMINISTRATOR: SANDHU, SEEMA	FACILITY TYPE: 740
ADDRESS: 1907 CAVALLO ROAD	TELEPHONE: (925) 732-7364
CITY: ANTIOCH	STATE: CA
CAPACITY: 35	ZIP CODE: 94509
	CENSUS: 31
	DATE: 08/20/2025
	UNANNOUNCED TIME BEGAN: 01:00 PM
MET WITH: Cynthia Murphy, Administrator/Facility Nurse	TIME COMPLETED: 03:15 PM

ALLEGATION(S):

1	Staff did not address residents change in condition
2	Staff took residents personal belongings
3	Facility is not feeding residents the appropriate quantity of food
4	Staff did not provide proper incontinence care to resident
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INVESTIGATION FINDINGS:

1	On 09/09/25 at 2:30PM, Licensing Program Analyst (LPA) D Panlilio conducted an unannounced
2	subsequent complaint visit to amend the complaint report dated 08/20/25. LPA explained the purpose of
3	the visit with ADM. During visit, LPA obtained the original complaint reports from ADM.
4	
5	Allegation: Staff did not address resident's change in condition
6	Investigation Finding: Unsubstantiated
7	During investigation, LPA conducted interviews with reporting party (RP), staff (ADM, S1) and reviewed
8	resident (R1) documents. ADM stated residents are monitored every 2 hours on each shift and 911 is
9	called whenever any resident has a change in condition Review of R1's physician report dated 05/06/25
10	showed R1 is ambulatory, weighs 164 lbs, diabetic and has severe dementia. S1 stated R1 is very
11	confused and does not remember events such as staff changing her diapers every 2 hours (due to
12	constant urination) or that she already ate her meal and still thinks that she needs to have her meal. LPA
13	observed R1 to be hydrated, nourished and odor free. Although the allegation may have happened or are
	valid, there is not a preponderance of the evidence to prove that the alleged violation occurred.

Therefore, the allegation that staff did not address resident's change in condition is unsubstantiated.
Continued on next page, LIC 9099-C

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Bennett Fong
NAME OF LICENSING PROGRAM ANALYST: Daisy Panlilio
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/20/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/20/2025

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 3

Control Number 15-AS-20250813161718

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 (Cont)

FACILITY NAME: FRIENDSHIP CARE HOME

FACILITY NUMBER: 079201172

VISIT DATE: 08/20/2025

NARRATIVE

1 Allegation: Staff took resident's personal belongings
2 Investigation Finding: Unsubstantiated
3 During investigation, LPA conducted interviews with reporting party (RP), staff (ADM, S1) and reviewed
4 resident (R1) documents. Staff denied taking R1's personal belongings (diapers). S1 stated R1 is very
5 confused due to dementia and tends to wear 2 to 3 diaper pull-ups each time. On 08/20/25 at 1:30PM,
6 LPA toured R1' bedroom and observed R1 had sufficient incontinence supplies which ADM stated were
7 purchased and delivered to R1 by her responsible party (POA) each week. Review of R1's admission
8 agreement dated 05/13/25 showed the facility was not responsible for R1's incontinence supplies.
9 Although the allegation may have happened or are valid, there is not a preponderance of the evidence
10 to prove that the alleged violation occurred. Therefore, the allegation that staff took resident's personal
11 belongings is unsubstantiated
12
13 Allegation: Facility is not feeding residents the appropriate quantity of food
14 Investigation Finding: Unsubstantiated
15 During investigation, staff (ADM, S1) stated R1 is very confused and does not remember events such as
16 she already ate her meal and still thinks that she needs to have her meal. Prior unannounced visits
17 conducted by LPAs on 05/21/25, 07/24/25 and 08/13/25 showed that LPAs observed residents were
18 being served an appropriate quantity of food during lunch service. Although the allegation may have
19 happened or are valid, there is not a preponderance of the evidence to prove that the alleged violation
20 occurred. Therefore, the allegation that facility is not feeding residents the appropriate quantity of food is
21 unsubstantiated.
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24 Continued on next page LIC9099-C pg1
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NAME OF LICENSING PROGRAM MANAGER: Bennett Fong
NAME OF LICENSING PROGRAM ANALYST: Daisy Panlilio
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/20/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/20/2025

Control Number 15-AS-20250813161718

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: FRIENDSHIP CARE HOME

FACILITY NUMBER: 079201172

VISIT DATE: 08/20/2025

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>Allegation: Staff did not provide proper incontinence care to resident</p> <p>Investigation Finding: Unsubstantiated</p> <p>During investigation, LPA conducted interviews with reporting party (RP), staff (ADM, S1) and reviewed resident (R1) documents. On 08/20/25 at 1:30PM, LPA toured R1' bedroom and observed R1 had sufficient incontinence supplies which ADM stated were purchased and delivered to R1 by her responsible party (POA) once a week. Review of R1's admission agreement dated 05/13/25 showed no incontinence supply included. S1 stated R1 is very confused due to dementia and tends to wear 2 to 3 diaper pull-ups each time. Staff continually remind R1 that she only needs to use one diaper pull up. ADM stated that residents are monitored and diapers changed every two hours or as needed. LPA observed R1 to be hydrated, nourished and odor free. Although the allegation may have happened or are valid, there is not a preponderance of the evidence to prove that the alleged violation occurred. Therefore, the allegation that staff did not provide proper incontinence care to resident is unsubstantiated.</p> <p>Exit interview conducted and a copy of this report provided.</p>

<p>NAME OF LICENSING PROGRAM MANAGER: Bennett Fong NAME OF LICENSING PROGRAM ANALYST: Daisy Panlilio LICENSING PROGRAM ANALYST SIGNATURE: _____ DATE: 08/20/2025</p>

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

<p>FACILITY REPRESENTATIVE SIGNATURE: _____ DATE: 08/20/2025</p>
