

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 079201196
Report Date: 04/29/2026
Date Signed: 04/29/2026 12:24:03 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 04/20/2026 and conducted by Evaluator Tonica Syess-Gibson

PUBLIC	COMPLAINT CONTROL NUMBER: 15-AS-20260420161002
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FACILITY NAME:	COGIR OF BRENTWOOD	FACILITY NUMBER:	079201196
ADMINISTRATOR:	FREETH, JEFFREY	FACILITY TYPE:	740
ADDRESS:	150 CORTONA WAY	TELEPHONE:	(925) 308-9040
CITY:	BRENTWOOD	STATE:	CA
CAPACITY:	150	ZIP CODE:	94513
		CENSUS:	115
		DATE:	04/29/2026
		UNANNOUNCED TIME BEGAN:	09:48 AM
MET WITH:	Jessica Depasquale, Executive Director (acting)	TIME COMPLETED:	12:45 PM

ALLEGATION(S):

1	Facility overcharged Resident
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INVESTIGATION FINDINGS:

1	On 04/29/2026 at 9:48AM, Licensing Program Analyst (LPA) T. Syess-Gibson arrived unannounced to
2	conduct an initial10-day complaint investigation and deliver findings in regard to the allegation above.
3	LPA met with Jessica Depasquale, Executive Director (acting), and explained the purpose of visit.
4	
5	During the course of the investigation, LPA interviewed witnesses (W1, W2) and Staff (S1). LPA obtained
6	the following documents: Resident (R1) admission agreement, facility's staff schedule, residents' roster,
7	email thread between facility and W2, and facility invoice statement showing a refund check in the
8	amount of \$55.00 with check #17599 paid to W2 on 04/27/2026.
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10	Continue on LIC9099C.....
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Harpreet Humpal

LICENSING EVALUATOR NAME: Tonica Syess-Gibson	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/29/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/29/2026

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 2
Control Number 15-AS-20260420161002

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: COGIR OF BRENTWOOD	FACILITY NUMBER: 079201196
	VISIT DATE: 04/29/2026

NARRATIVE	
1	Continued from LIC9099
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4	Allegation: Facility overcharged Resident
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6	Interview with S1 revealed facility issued a check in the amount of \$55.00, and the check was delivered
7	to W2 by Federal Express (Fed Ex) priority overnight with a tracking number of #871114796786.
8	Interview with W2 revealed check in the amount of \$55.00 was delivered by Fed Ex and it was received
9	on 04/48/2026. Record review revealed facility received knowledge of Fed Ex envelope arrived to W2
10	04/28/2026. Record review also revealed, Fed Ex delivered a package to W2's address with a tracking
11	number of #871114796786 on 04/28/2026 at 10:30AM.
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13	Based upon the information obtained during investigation. The above allegation is unsubstantiated. A
14	finding that the complaint is UNSUBSTANTIATED means that although the allegation may have
15	happened or is valid, there is not a preponderance of the evidence to prove that the alleged violation
16	occurred.
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18	Exit interview conducted and a copy of report was given.
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SUPERVISORS NAME: Harpreet Humpal	
LICENSING EVALUATOR NAME: Tonica Syess-Gibson	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/29/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/29/2026