

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 079201442
Report Date: 07/17/2026
Date Signed: 07/17/2026 12:38:47 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 **04/13/2026** and conducted by Evaluator Alona Gomez

	COMPLAINT CONTROL NUMBER: 15-AS-20260413133217
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FACILITY NAME:	BELMONT VILLAGE SAN RAMON	FACILITY NUMBER:	079201442
ADMINISTRATOR:	COONS, JENNIFER	FACILITY TYPE:	740
ADDRESS:	1000 WALNUT DRIVE	TELEPHONE:	(925) 242-1000
CITY:	SAN RAMON	STATE: CA	ZIP CODE: 94583
CAPACITY:	176	CENSUS: 173	DATE: 07/17/2026
		UNANNOUNCED	TIME BEGAN: 11:30 AM
MET WITH:	Executive Director, Jennifer Coons	TIME COMPLETED:	01:00 PM

ALLEGATION(S):

1	Licensee did not ensure staff were adequately trained to provide care to residents
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INVESTIGATION FINDINGS:

1	On 7/17/2026 at 11:30 AM, Licensing Program Analyst (LPA), A. Gomez arrived unannounced to deliver
2	complaint findings for the allegations above. LPA met with Executive Director, Jennifer Coons and
3	explained the reason for the visit.
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5	During the course of the investigation interviews were conducted, resident records were collected, and
6	available trainings were reviewed.
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8	report continues on LIC9099-C
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Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Yvonne Flores-Larios

LICENSING EVALUATOR NAME: Alona Gomez	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/17/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/17/2026

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-20260413133217

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: BELMONT VILLAGE SAN RAMON **FACILITY NUMBER:** 079201442
VISIT DATE: 07/17/2026

NARRATIVE	
1	On the allegation Licensee did not ensure staff were adequately trained to provide care to residents LPA
2	requested documentation for staff who were trained by an approved medical professional to assist R1
3	and R2 with their catheter. Facility was unable to provide the document and stated that a medical
4	professional did not train specific staff to assist R1 or R2 with their catheter as required by regulations
5	therefore the allegation is Substantiated.
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7	Based on LPAs observations and interviews which were conducted and record reviews, the
8	preponderance of evidence standard has been met, therefore the above allegations are found to be
9	SUBSTANTIATED. California Code of Regulations (Title 22, Division 6, Chapter 8), are being cited on
10	the attached LIC 9099D.
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12	Exit interview conducted. Appeal Rights and a copy of this report provided.
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SUPERVISORS NAME: Yvonne Flores-Larios	
LICENSING EVALUATOR NAME: Alona Gomez	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/17/2026
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LIC9099 (FAS) - (06/04) Page: 2 of 5	
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DATE: 07/17/2026
UNANNOUNCED TIME BEGAN: 11:30 AM
MET WITH: Executive Director, Jennifer Coons
TIME COMPLETED: 01:00 PM

ALLEGATION(S):

1	Staff did not ensure resident's toileting needs were met
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INVESTIGATION FINDINGS:

1	On 7/17/2026 at 11:30 AM, Licensing Program Analyst (LPA), A. Gomez arrived unannounced to deliver
2	complaint findings for the allegations above. LPA met with Executive Director, Jennifer Coons and
3	explained the reason for the visit.
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5	During the course of the investigation interviews were conducted, resident records were collected, and
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Yvonne Flores-Larios	
LICENSING EVALUATOR NAME: Alona Gomez	
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LIC9099 (FAS) - (06/04) Page: 3 of 5
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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: BELMONT VILLAGE SAN RAMON
FACILITY NUMBER: 079201442
VISIT DATE: 07/17/2026

NARRATIVE	
1	On the allegation Staff did not ensure resident's toileting needs were met LPA conducted interviews,
2	reviewed records, and available reports. on 4/20/2026 LPA requested records for all residents utilizing a
3	catheter and identified R1 and R2. LPA observed through record review that R1 was on hospice. While
4	at the facility R1's catheter was managed by Kaiser Hospice. Kaiser hospice changed the catheter and
5	facility staff would only assist in draining the bag. Area director of Clinical Services states that R1 was
6	receiving checks every 2-4 hours by staff however there was not a log to validate. LPA spoke with Area
7	director of Clinical Services who states that S1 had brought a concern of R1's incontinence not being
8	managed properly and them being excessively wet. LPA reviewed records and found that S1's concern

9 resulted in an internal investigation. It was found that R1 had an "eroded urethra due to long term use of
10 an indwelling foley catheter" "Additionally R1 had an open wound on the left thigh that began draining
11 large amounts". LPA reviewed hospice care notes that support the findings. On the date related to the
12 concern it was found that R1 had requested medications from S2 at approximately 5am. At
13 approximately 5:35am S2 was notified by staff that R1 was wet and went to change R1 and their linens.
14 At approximately 6:36am R1 was identified as wet again. S2 observed that this excessive wetness was
15 a new condition and the facility attempted to contact Kaiser Hospice to notify them of the change in
16 condition and then was able to make contact at approximately 8:40am. Hospice came later the same
17 day to assess the catheter and discussed possible alternatives with the resident however due to them
18 being on hospice they did not want to make an adjustment to the catheter. LPA reviewed R2's records
19 and there was no records of wetness and their catheter has had no issues. R2s records show that their
20 catheter is managed by home health and that staff only help to drain the bag. Therefore the allegation is
21 Unsubstantiated.
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23 Although the allegation may have happened or is valid, there is not a preponderance of evidence to
24 prove the alleged violation did or did not occur, therefore the allegation is **UNSUBSTANTIATED**.
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26 Exit interview conducted and a copy of report provided.
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SUPERVISORS NAME: Yvonne Flores-Larios	
LICENSING EVALUATOR NAME: Alona Gomez	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/17/2026
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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: BELMONT VILLAGE SAN RAMON **FACILITY NUMBER:** 079201442
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 07/17/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 07/24/2026 Section Cited CCR 87623(b)(2)(A)	1 (b) In addition to Section 87611, 2 General Requirements for Allowable 3 Health Conditions, the licensee shall be 4 responsible for the following: 5 (2) Ensuring that the bag and tubing are 6 changed by an appropriately skilled 7 professional should the resident require assistance. (A) The bag may be emptied by facility staff who receive instruction from an appropriately skilled professional. This requirement is not met as evidence by:	1 By POC facility agrees to have staff 2 trained as required by regulation and 3 submit trainings to CCLD. 4 5 6 7
	8 Based on record review and interview 9 that Facility did not comply with the 10 section cited above by staff not have 11 been trained by a appropriately skilled 12 professional to assist R1 and R2 with 13 their catheter care which poses a 14	8 9 10 11 12 13 14

		potential health and personal rights risk to residents in care.		
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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: Yvonne Flores-Larios LICENSING EVALUATOR NAME: Alona Gomez LICENSING EVALUATOR SIGNATURE: DATE: 07/17/2026	
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