

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 079201482
Report Date: 05/18/2026
Date Signed: 05/18/2026 03:39:18 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 01/02/2026 and conducted by Evaluator Tonica Syess-Gibson

PUBLIC		COMPLAINT CONTROL NUMBER: 15-AS-20260102151106	
FACILITY NAME: STEEPLECHASE VILLA		FACILITY NUMBER:	079201482
ADMINISTRATOR:WHITTLE, KIMBERLY		FACILITY TYPE:	740
ADDRESS: 1070 STEEPLE BLVD		TELEPHONE:	(925) 997-7354
CITY: BRENTWOOD		ZIP CODE:	94513
CAPACITY: 6		DATE:	05/18/2026
		UNANNOUNCED TIME BEGAN:	02:17 PM
MET WITH: Kimberly Whittle, Administrator		TIME COMPLETED:	04:00 PM

ALLEGATION(S):

1	Not enough staff to care for residents.
2	Lack of food and moldy food.
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INVESTIGATION FINDINGS:

1	On 05/18/2026 at 2:17PM, Licensing Program Analyst (LPA) T. Syess-Gibson arrived unannounced to deliver findings for the above allegations. LPA met with Kimberly Whittle, Administrator and explained the purpose of the visit.
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5	Allegation: Not enough staff to care for residents
6	Interviews with S1, S2 and S3 revealed the facility's staff schedules overlaps, resulting in two (2) staff members being at facility for a period of time on AM and PM shifts. Interviews with S1, S2 and S3
7	revealed the night staff prepare breakfast for the residents before end of their shift, allowing the staff on
8	AM shift to start showering, toileting and getting residents dressed for the day. Interviews with R1, R2,
9	and R3 revealed staff arrive within a couple of minutes after their call buttons have been activated.
10	Record revealed, facility has staff sufficient in numbers.
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13	Continues on LIC9099C.....

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Harpreet Humpal

LICENSING EVALUATOR NAME: Tonica Syess-Gibson	
LICENSING EVALUATOR SIGNATURE:	DATE: 05/18/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/18/2026

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-20260102151106

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: STEEPLECHASE VILLA	FACILITY NUMBER: 079201482
	VISIT DATE: 05/18/2026

NARRATIVE	
1	Continued from LIC9099
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4	Allegation: Lack of food and moldy food.
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6	Interviews with S1 and S2 revealed staff cleans refrigerator bi-weekly and removes any food from
7	refrigerator and countertops before food goes bad. Interview with S3 revealed staff provided a small
8	portion of food to the residents in care. Interview with S3 also revealed, S3 witnessed a moldy piece of
9	fruit on the countertop. Interview with R1, R2 and R3 also revealed facility provided a good amount of
10	food and if residents want more food staff will provide residents with more food. LPA toured facility and
11	observed facility to have 7- days of nonperishables and 2- days of perishable foods, fruits and food was
12	in good quality.
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14	Although the allegations may have happened or are valid, there is not a preponderance of evidence to
15	prove the alleged violations did or did not occur, therefore the allegations are UNSUBSTANTIATED .
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17	Exit interview conducted and a copy of this report provided.
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SUPERVISORS NAME: Harpreet Humpal	
LICENSING EVALUATOR NAME: Tonica Syess-Gibson	
LICENSING EVALUATOR SIGNATURE:	DATE: 05/18/2026
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