

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 435390032

Report Date: 03/19/2024

Date Signed: 03/19/2024 01:16:59 PM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
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This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/13/2023** and conducted by Evaluator Shikya Belfield

PUBLIC	COMPLAINT CONTROL NUMBER: 26-CR-20231213094450
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FACILITY NAME: EMBARK AT SAN MARTIN	FACILITY NUMBER: 435390032
ADMINISTRATOR: PRINCESS GARCIA	FACILITY TYPE: 730
ADDRESS:	TELEPHONE:
CITY:	ZIP CODE:
CAPACITY: 6	DATE: 03/19/2024
STATE:	UNANNOUNCED TIME BEGAN: 09:38 AM
CENSUS: 6	TIME COMPLETED: 12:22 PM
MET WITH: Alyssa Avila	

ALLEGATION(S):

1	The facility is in disrepair.
2	Facility staff is out of ratio.
3	Supervisors / administrator does not respond to crisis.
4	Staff do not receive required training.
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INVESTIGATION FINDINGS:

1	On 3/19/2024 at 9:38 AM, Licensing Program Analyst (LPA) Shikya Belfield and LPA Mona Lam,
2	conducted an unannounced inspection to the above facility. The purpose of this visit was to inform the
3	facility representative of the findings for the allegations above. LPA met with Alyssa Avila who assisted
4	with the inspection.
5	
6	Based on confidential interviews conducted and supportive documentation to include but not limit repair
7	receipts. The facility grounds has a septic tank that became backed up and the plumbing in the facility
8	was not able to be used. Clients needed to use the restrooms in the main office next door. Facility also
9	has a broken dryer and the dryer used to dry clients clothing is in the office next door. Facility
10	maintenance person responded and the septic tank was worked on for at least two days. Technical
11	advisory issued. Based on confidential interviews and a review of supportive documentation to include

12 but not limit staff schedule and program plan of operation, the facility was operating outside of the
13 required operating ratio according to plan of operation. Based on confidential interviews administrator
and supervisors did not respond to crisis situations when called on for support as outlined in the plan of
operation emergency intervention plan.

Substantiated

Estimated Days of Completion: 90

SUPERVISOR'S NAME: Carolyn Flynn

TELEPHONE: (408) 324-2112

LICENSING EVALUATOR NAME: Shikya Belfield

TELEPHONE: (408) 316-8950

LICENSING EVALUATOR SIGNATURE:

DATE: 03/19/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/19/2024

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC9099 (FAS) - (06/04)

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Control Number 26-CR-20231213094450

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 2580 N. FIRST STREET,
STE. 350
SAN JOSE, CA 95131

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: EMBARK AT SAN MARTIN

FACILITY NUMBER: 435390032

VISIT DATE: 03/19/2024

NARRATIVE

1 Based on a review of facility training records, staff did not receive training in the
2 required training topics as outlined in the regulations and were not trained to handle
3 or in preparations for situations in the facility. Therefore, these allegations are
4 Substantiated. Facility cited for violations of the California Code of Regulations, Title
5 22, Division Six, Section 80022(k) Plan of Operation, 80022(k) Plan of Operation,
6 84065(i) Personnel Requirements, and an advisory is being issued for section
7 80087(a) Buildings and Grounds as described on the following page LIC 9099D.
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11 An exit interview was conducted a copy of this report along with appeal rights was
12 left with Alyssa Avila.
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SUPERVISOR'S NAME: Carolyn Flynn LICENSING EVALUATOR NAME: Shikya Belfield LICENSING EVALUATOR SIGNATURE:	TELEPHONE: (408) 324-2112 TELEPHONE: (408) 316-8950 DATE: 03/19/2024
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 03/19/2024

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
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FACILITY NAME: EMBARK AT SAN MARTIN
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 435390032
VISIT DATE: 03/19/2024

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/20/2024 Section Cited CCR 80022(k)	1 80022(k) The facility shall operate in 2 accordance with the terms specified in 3 the Plan of Operation and may be cited 4 for not doing so. This requirement was 5 not met as evidenced by, 6 7	1 Licensee has recently hired 7 new staff 2 and are continuing to hire more staff in 3 order to come into compliance. 4 Licensee agrees to submit proof of new 5 hires once they have completed the 6 hiring process. The list of names of new 7 hires will be sent to the department as they are completed from March 19 until May 1, 2024.
	8 Based on confidential interviews and a 9 review of supportive documentation to 10 include but not limit staff schedule and 11 program plan of operation, the facility 12 was operating outside of the required 13 operating ratio according to plan of 14 operation. This poses a potential health, safety, or personal rights risk to clients in care.	
Type B 03/20/2024 Section Cited CCR 84064(c)	1 84064(c) The administrator shall be on 2 the premises for the number of hours 3 necessary to manage and administer 4 the facility in compliance with applicable 5 law and regulation. 6 7	1 The facility administrator is no longer 2 working for the program and in an effort 3 to maintain compliance, licensee has 4 hired and has certified multiple 5 administrators to be available for the 6 program. 7
	8 Based on confidential interviews 9 administrator and supervisors did not 10 respond to crisis situations when called 11 on for support as outlined in the plan of 12 operation emergency intervention plan. 13 This poses a potential health, safety, or 14 personal rights risk to the clients in care.	

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: Carolyn Flynn LICENSING EVALUATOR NAME: Shikya Belfield	TELEPHONE: (408) 324-2112 TELEPHONE: (408) 316-8950
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LICENSING EVALUATOR SIGNATURE:	DATE: 03/19/2024
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LIC9099 (FAS) - (06/04)

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DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/19/2024

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 04/20/2024 Section Cited CCR 84065(i)(3)	1 2 3 4 5 6 7	84065(i)(3) Training shall include, at a minimum, all of the following topics. The licensee shall determine how much time is spent on each topic and shall ensure that childcare staff have appropriate skills necessary to supervise the children in care. This requirement was not met as evidenced by,	1 2 3 4 5 6 7	Licensee agrees to revise the current training plan to include the required topics outlined in the regulations. This new plan will be submitted to the department for approval by the plan of correction due date 4/20/2024.
	8 9 10 11 12 13 14	Based on a review of facility training records, staff did not receive training in the required training topics as outlined in the regulations and were not trained to handle or in preparations for situations in the facility. This poses a potential health safety or personal rights risk to the clients in care.	8 9 10 11 12 13 14	
CCR	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	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: Carolyn Flynn LICENSING EVALUATOR NAME: Shikya Belfield LICENSING EVALUATOR SIGNATURE:	TELEPHONE: (408) 324-2112 TELEPHONE: (408) 316-8950 DATE: 03/19/2024
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LIC9099 (FAS) - (06/04)

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