

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 435390042

Report Date: 08/27/2024

Date Signed: 08/27/2024 12:05:48 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 **04/10/2024** and conducted by Evaluator Shikya Belfield

	COMPLAINT CONTROL NUMBER: 26-CR-20240410102910
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FACILITY NAME: EMBARK AT SAN MARTIN-NEW AVENUE CAMPUS	FACILITY NUMBER: 435390042
ADMINISTRATOR: AMIR RAFIEI	FACILITY TYPE: 730
ADDRESS:	TELEPHONE:
CITY:	ZIP CODE:
CAPACITY: 6	DATE: 08/27/2024
STATE:	TIME BEGAN: 10:18 AM
CENSUS: 2	TIME COMPLETED: 01:00 PM
UNANNOUNCED	
MET WITH: Amy Bravo	

ALLEGATION(S):

1	Client medication are not properly documented
2	Clients were not given medications as prescribed
3	facility is operating out of ratio
4	clients are not able to receive phone calls
5	Client files are incomplete
6	Facility failed to report incidents to the department
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INVESTIGATION FINDINGS:

1	On 8/27/2024 at 10:00 AM, Licensing Program Analyst (LPA) Shikya Belfield and LPA Kristin Pierotti,
2	conducted an unannounced inspection to the above facility. The purpose of this inspection is to inform
3	the facility representative of the findings for the complaint investigation regarding the allegations above.
4	Executive Director Amy Bravo assisted with the inspection.
5	
6	Based on confidential interviews, obtained documentation to include but no limit, staff communication,
7	medication records, and staff schedules. There were at least four occasions where staff were operating
8	out of ratio according to the plan of operation. Based on confidential interviews, there was at least one
9	occasion where parents were trying to contact their child and there was no answer and there was no
10	answer by staff when contacting the facility. Due to this an appointment was missed. Based on a review a
11	of medication administration records, the medication logs were missing information or incomplete and

12 medication logs did not list reasons for missed medication. Based on a review of client files it was
13 observed that client documents were incomplete. Based on observations of law enforcement call logs,
staff communication, and incident report, there were incidents involving law enforcement that were not
reported to the department.

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: 08/27/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/27/2024

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-20240410102910

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-NEW AVENUE
CAMPUS

FACILITY NUMBER: 435390042

VISIT DATE: 08/27/2024

NARRATIVE

1 The preponderance of the evidence has been met. Therefore, these allegations are Substantiated.
2 Facility is issued a Technical Violation Advisory for California Code of Regulations, Title 22, Division Six,
3 Section 84070(b)(16) Childrens Records. Facility is cited for California Code of Regulations, Title 22,
4 Division Six, Section 80022(k) Plan of Operation, 80070(a) Client Records, 84061(i) Reporting
5 Requirements.

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8 An exit interview was conducted and a copy of this report along with appeal rights was left with
9 Executive Director Amy Bravo.
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LIC9099 (FAS) - (06/04)

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Control Number 26-CR-20240410102910

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-NEW AVENUE CAMPUS

FACILITY NUMBER: 435390042

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/27/2024

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 09/12/2024 Section Cited CCR 84061(i)	1 2 3 4 5 6 7	The licensee shall submit reports to the Department, using form LIC 624-LE or a report containing all the information required in LIC 624-LE, regarding any incident that involves law enforcement contact with a child residing in the facility. This requirement was not met as evidenced by,	1 2 3 4 5 6 7	Licensee will conduct training on incident reporting requirements. Proof of training, meeting all of the training requirements. Proof of training and staff attendance to be submitted to the department by the plan of correction due date of 9/12/2024.
	8 9 10 11 12 13 14	Based on observations of law enforcement call logs, staff communication, and incident report, there were incidents involving law enforcement that were not reported to the department. This poses a potential health, safety, or personal rights risk to clients in care.	8 9 10 11 12 13 14	
Type B 09/12/2024 Section Cited CCR 80022(k)	1 2 3 4 5 6 7	The facility shall operate in accordance with the terms specified in the Plan of Operation and may be cited for not doing so. This requirement was not met as evidenced by,	1 2 3 4 5 6 7	Licensee has hired new staff and has maintained a schedule within the ratio based on the plan of operation. Licensee agrees to submit a copy of the staff schedule weekly for one month to show staffing ratio requirements are met. Schedules to be submitted from 9/1/2024- 10/1/2024.
	8 9 10 11 12 13 14	Based on a review of client files it was observed that client documents were incomplete. This poses a potential health, safety, or personal rights risk to clients in care.	8 9 10 11 12 13 14	

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: 08/27/2024
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I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/27/2024