

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

## COMPLAINT INVESTIGATION REPORT

Facility Number: 435390042

Report Date: 02/15/2024

Date Signed: 03/19/2024 01:42:40 PM

### Substantiated

|                                                                                                     |                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY<br><br><b>COMPLAINT INVESTIGATION REPORT</b> | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>CCLD Regional Office, 2580 N. FIRST STREET,<br>STE. 350<br>SAN JOSE, CA 95131 |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|

This is an official report of an unannounced visit/investigation of a complaint received in our office on **11/07/2023** and conducted by Evaluator Shikya Belfield

|  |                                                       |
|--|-------------------------------------------------------|
|  | <b>COMPLAINT CONTROL NUMBER:</b> 26-CR-20231107182607 |
|--|-------------------------------------------------------|

|                                                              |                                         |
|--------------------------------------------------------------|-----------------------------------------|
| <b>FACILITY NAME:</b> EMBARK AT SAN MARTIN-NEW AVENUE CAMPUS | <b>FACILITY NUMBER:</b> 435390042       |
| <b>ADMINISTRATOR:</b> PRINCESS GARCIA                        | <b>FACILITY TYPE:</b> 730               |
| <b>ADDRESS:</b>                                              | <b>TELEPHONE:</b>                       |
| <b>CITY:</b>                                                 | <b>ZIP CODE:</b>                        |
| <b>CAPACITY:</b> 6                                           | <b>DATE:</b> 02/15/2024                 |
| <b>STATE:</b>                                                | <b>UNANNOUNCED TIME BEGAN:</b> 09:45 AM |
| <b>CENSUS:</b> 3                                             | <b>TIME COMPLETED:</b> 12:30 PM         |
| <b>MET WITH:</b> Alyssa Avila                                |                                         |

#### ALLEGATION(S):

|   |                                                                                                                  |
|---|------------------------------------------------------------------------------------------------------------------|
| 1 | Clients are not accorded dignity in their relationship with staff                                                |
| 2 | clients are unjustifiably placed on a psychiatric hold                                                           |
| 3 | facility failed to report incidents to the department                                                            |
| 4 | Clients do not feel safe, healthy, or comfortable in the facility and do not feel they are treated with respect. |
| 5 |                                                                                                                  |
| 6 |                                                                                                                  |
| 7 |                                                                                                                  |
| 8 |                                                                                                                  |
| 9 |                                                                                                                  |

#### INVESTIGATION FINDINGS:

|    |                                                                                                             |
|----|-------------------------------------------------------------------------------------------------------------|
| 1  | On 2/15/2024 at 9:45 AM, Licensing Program Analyst (LPA) Shikya Belfield and LPA Celest Aparicio,           |
| 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. House Manager Alyssa Avila assisted with |
| 4  | the inspection.                                                                                             |
| 5  |                                                                                                             |
| 6  | Based on confidential interviews conducted, it was confirmed that staff spoke rudely to clients in care and |
| 7  | made them feel uncomfortable. Based on observations by LPA's and review of supporting information           |
| 8  | including but not limited to, Incident Reports and video surveillance, clients were placed on psychiatric   |
| 9  | holds prematurely. Based on observations of video surveillance and confidential interviews, incidents       |
| 10 | occurred at the facility and they were not reported to the department. Based on confidential interviews     |
| 11 | conducted, clients felt unsafe in their living environment where they were surrounded by all males and      |

12 they were the only female. When expressed to staff, client was ignored, spoken to rudely, and no  
13 changes were made.

**Substantiated**

**Estimated Days of Completion:**

**SUPERVISOR'S NAME:** Carolyn Flynn

**TELEPHONE:** (408) 324-2112

**LICENSING EVALUATOR NAME:** Shikya Belfield

**TELEPHONE:** (408) 316-8950

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 03/12/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/12/2024

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-20231107182607

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CALIFORNIA DEPARTMENT OF SOCIAL  
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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:** 02/15/2024

### NARRATIVE

1 These allegations are Substantiated. Facility cited for violation of the California Code  
2 of Regulations, Title 22, Division Six, Section, 84072(d)(10) Personal Rights,  
3 84061(i) Reporting Requirements, and 84072.1(c) Discipline Policies and  
4 Procedures, as described on the following page 9099D. Section is 84061(i) is a  
5 repeat violation within twelve months and a civil penalty is being assessed. Advisory  
6 issued Welfare & Institutions Code Section 16001.9 (a)(1) Personal Rights.  
7  
8

9 Advisory Issued. An exit interview was conducted and a copy of this report along  
10 with appeal rights, will be sent to House Manager Alyssa Avila, Administrator Amir  
11 Rafiei, and Maira Sanchez.  
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FACILITY REPRESENTATIVE SIGNATURE: DATE: 03/12/2024

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  
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FACILITY NAME: EMBARK AT SAN MARTIN-NEW AVENUE CAMPUS  
FACILITY NUMBER: 435390042

DEFICIENCY INFORMATION FOR THIS PAGE: VISIT DATE: 02/15/2024

| Deficiency Type<br>POC Due Date /<br>Section Number          | DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                          | PLAN OF CORRECTIONS(POCs)                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type B<br>03/31/2024<br>Section Cited<br>ILS<br>84072(d)(10) | 1 84072(d)(10) Personal Rights: 10) To<br>2 be accorded dignity in his or her<br>3 personal relationships with staff and<br>4 other persons. This requirement was<br>5 not met as evidenced by,<br>6<br>7                                                                                                                                                             | 1 POC: Licensee agrees to conduct<br>2 training on personal rights will all staff.<br>3 Proof of training to be submitted to the<br>4 department by the plan of correction<br>5 due date 4/30/2024.<br>6<br>7                                                                                                                                                                                                                 |
|                                                              | 8 Based on confidential interviews<br>9 conducted, it was confirmed that staff<br>10 spoke rudely to clients in care and<br>11 made them feel uncomfortable. This<br>12 poses a potential health, safety, or<br>13 personal rights risk to clients in care.<br>14                                                                                                     | 8<br>9<br>10<br>11<br>12<br>13<br>14                                                                                                                                                                                                                                                                                                                                                                                          |
| Type B<br>03/31/2024<br>Section Cited<br>ILS<br>84061(i)     | 1 84061(i)Reporting Requirements: The<br>2 licensee shall submit reports to the<br>3 Department, using form LIC 624-LE or<br>4 a report containing all the information<br>5 required in LIC 624-LE, regarding any<br>6 incident that involves law enforcement<br>7 contact with a child residing in the<br>facility. This requirement was not met<br>as evidenced by, | 1<br>2<br>3<br>4<br>5<br>6<br>7                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                              | 8 Based on observations of video<br>9 surveillance and confidential interviews,<br>10 incidents occurred at the facility and<br>11 they were not reported to the<br>12 department. This poses a potential<br>13 health, safety, or personal rights risk to<br>14 the clients in care.                                                                                 | 8 Facility has recently made several<br>9 structural changes to their procedures<br>10 and staffing. Since this complaint,<br>11 incidents have been submitted to the<br>12 department within the required time<br>13 frame and facility will conduct reporting<br>14 requirement training as a refresher<br>course to all staff every six months.<br>First proof training to be submitted to<br>the department by 4/30/2024. |

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: 03/12/2024

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| Deficiency Type<br>POC Due Date /<br>Section Number        | DEFICIENCIES                                                                                                                                                                                                                                                                                                                | PLAN OF CORRECTIONS(POCs)                                                                                                                                                                                                                                    |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type B<br>03/31/2024<br>Section Cited<br>ILS<br>84072.1(c) | 1 84072.1(c) Discipline Policies: Calls to<br>2 law enforcement must be made in<br>3 accordance with the facility's<br>4 emergency intervention plan ..... this<br>5 requirement was not met as evidenced<br>6 by,<br>7                                                                                                     | 1 Licensee agrees to conduct a training<br>2 on the programs Emergency<br>3 Intervention Plan for all staff. Proof of<br>4 training plan for this training to be<br>5 submitted to the department by the plan<br>6 of correction due date of 5/15/2024.<br>7 |
|                                                            | 8 Based on observations by LPA's and<br>9 review of supporting information<br>10 including but not limited to, Incident<br>11 Reports and video surveillance, clients<br>12 were placed on psychiatric holds<br>13 prematurely. This poses a potential<br>14 health, safety, or personal rights risk to<br>clients in care. | 8<br>9<br>10<br>11<br>12<br>13<br>14                                                                                                                                                                                                                         |
|                                                            | 1<br>2<br>3<br>4<br>5<br>6<br>7                                                                                                                                                                                                                                                                                             | 1<br>2<br>3<br>4<br>5<br>6<br>7                                                                                                                                                                                                                              |
|                                                            | 1<br>2<br>3<br>4<br>5<br>6<br>7                                                                                                                                                                                                                                                                                             | 1<br>2<br>3<br>4<br>5<br>6<br>7                                                                                                                                                                                                                              |

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