

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 435390042
Report Date: 08/27/2024
Date Signed: 08/27/2024 01:16:30 PM

Substantiated

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	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **04/17/2024** and conducted by Evaluator Shikya Belfield

	COMPLAINT CONTROL NUMBER: 26-CR-20240417091456
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
	UNANNOUNCED TIME BEGAN: 10:00 AM
MET WITH: Amy Bravo	TIME COMPLETED: 01:18 PM

ALLEGATION(S):

1	Administrator is not regularly present in the facility
2	facility staff is out of ratio
3	Facility is operating beyond the capacity of its license
4	staff do not receive regular training
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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, a
7	review of prgram statement, staff training records, and staff schedules. It was observed that staff do not
8	receive sufficient training hours or topics to perform their roles in the facility. Based on confidential
9	interviews, it was confirmed that the administrator is not present in the facility and has not been for at
10	least 60 days. Based on a review of facility program statement and plan of operation, facility has failed to
11	follow the current plan of operation regarding, changes to staff schedules, changes to administrative

12 staff, and accepting clients outside of the listed requirements in the plan of operation. Based on
13 observations of staff schedules and plan of operation, it was confirmed that facility staffing was not in
ratio on at least four occasions. Therefore these allegations are Substantiated.

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-20240417091456

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 Facility cited for violation of California Code of Regulations, Title 22, Division Six,
2 Section 80022(k) Plan of Operation, 84064(c) Administrator qualifications and duties,
3 and 80065(f) Personnel requirements as described on the following page LIC9099D.
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6 An exit interview was conducted a copy of this report was left with Executive Director
7 Amy Bravo.
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COMPLAINT INVESTIGATION REPORT (Cont)	

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 09/30/2024 Section Cited CCR 84064(c)	1 The administrator shall be on the 2 premises for the number of hours 3 necessary to manage and administer 4 the facility in compliance with applicable 5 law and regulation. 6 This requirement was not met as 7 evidenced by,	1 Licensee has recently hired new 2 administrators and will submit proof of 3 administrator certificate to the 4 department upon receiving it. 5 Information regarding one new 6 administrator has been submitted to the 7 case carrying LPA.
	8 Based on confidential interviews, it was 9 confirmed that the administrator is not 10 present in the facility and has not been 11 for at least 60 days. This poses a 12 potential health, safety, or personal 13 rights risk to clients in care. 14	8 9 10 11 12 13 14
Type B 09/30/2024 Section Cited CCR 80065(f)	1 All personnel shall be given on-the-job 2 training or shall have related 3 experience which provides knowledge 4 of and skill in the following areas, as 5 appropriate to the job assigned and as 6 evidenced by safe and effective job 7 performance. This requirement was not met as evidenced by,	1 licensee agrees to revise current 2 training plan to meet all requirements 3 outlined in the regulations. This new 4 training plan will be submitted to the 5 department for approval by the plan of 6 correction due date of 9/30/2024. 7
	8 Based on observations of plan of 9 operation and staff files, it was 10 observed that staff do not receive 11 sufficient training hour or topics to 12 perform their roles in the facility. This 13 poses a potential health, safety, or 14 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.

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LIC9099 (FAS) - (06/04)

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CCLD Regional Office, 2580 N. FIRST STREET,
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SAN JOSE, CA 95131**COMPLAINT INVESTIGATION REPORT
(Cont)**FACILITY NAME: EMBARK AT SAN MARTIN-NEW AVENUE
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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 80022(k)	1 The facility shall operate in accordance 2 with the terms specified in the Plan of 3 Operation and may be cited for not 4 doing so. This requirement was not met 5 as evidenced by, 6 7	1 Licensee has hired new staff and has 2 maintained a schedule within the ratio 3 based on the plan of operation. 4 Licensee agrees to submit a copy of the 5 staff schedule weekly for one month to 6 show staffing ratio requirements are 7 met. Schedules to be submitted from 9/1/2024- 10/1/2024.
	8 Based on observations of staff 9 schedules and plan of operation, it was 10 confirmed that facility staffing was not in 11 ratio on at least four occasions. 12 13 14	8 9 10 11 12 13 14
	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

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