

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 435390032

Report Date: 06/07/2023

Date Signed: 07/24/2023 11:22:40 AM

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 **05/22/2023** and conducted by Evaluator Paul Simien

PUBLIC	COMPLAINT CONTROL NUMBER: 26-CR-20230522110336
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FACILITY NAME: EMBARK AT SAN MARTIN	FACILITY NUMBER: 435390032
ADMINISTRATOR: DAWN HALIBURTON-RUDY	FACILITY TYPE: 730
ADDRESS:	TELEPHONE:
CITY:	ZIP CODE:
CAPACITY: 6	DATE: 06/07/2023
STATE:	TIME BEGAN: 01:45 PM
CENSUS: 1	TIME COMPLETED: 02:30 PM
UNANNOUNCED	
MET WITH: Daniel Padron Garcia, Site supervisor (SS)	

ALLEGATION(S):

1	Facility is operating out of ratio.
2	Insufficient staffing to meet the minors' needs.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Paul Simien made an unannounced visit to the above listed facility to
2	inform them of the findings for the above listed allegation. LPA met with Daniel Padron Garcia, Site
3	supervisor (SS) at 1:45 PM on 6/7/23. LPA conducted confidential interviews and reviewed documents
4	during this investigation. During interviews with individuals involved it was determined that the facility at
5	times was operating out of ratio due to a staff shortage. There were times where there was only one staff
6	member watching six clients. This lead to some of the individuals' needs not being met. Things individuals
7	could do were limited due to not having enough staff to provide supervision for everyone. Based on
8	interviews and documents review, the preponderance of evidence standard has been met, therefore the
9	above listed allegations are found to be SUBSTANTIATED. As a result of this visit, there is one General
10	Licensing Standards 80065 Personnel Requirements violation (80065(a)) an one General Licensing
11	Standards 80022 Plan of Operation (80022(k)).The facility will be cited. Appeal rights were discussed and

12 provided to ED. Exit interview was conducted and a copy of this report was provided to Daniel Padron
13 Garcia, SS whose signature on this form confirm receipt of these documents (POC will be made on a
different day due to Admin being ill).

Substantiated

Estimated Days of Completion:

SUPERVISOR'S NAME: Helga Wong
LICENSING EVALUATOR NAME: Paul Simien
LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (408) 324-2123
TELEPHONE: 408-324-2112
DATE: 06/07/2023

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/07/2023

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 26-CR-20230522110336

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

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/07/2023

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 07/07/2023 Section Cited CCR 80065(a)	1 80065 Personnel Requirements (a): 2 Facility personnel shall be competent to 3 provide the services necessary to meet 4 individual client needs and shall, at all 5 times, be employed in numbers 6 necessary to meet such needs. 7 This requirement is not met evidenced by:	1 Facility will send LPA a written plan of 2 action on addressing staffing issues 3 and how it will assure clients' needs will 4 be met by 7/8/23 5 6 7
	8 Based on confidential interviews 9 conducted by LPA Simien. Some 10 individual stated that clients' needs 11 were not being met due to a lack of 12 staffing. 13 14	8 9 10 11 12 13 14
Type B 06/16/2023 Section Cited CCR 80022(k)	1 (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. 5 This requirement is not met evidenced 6 by: 7	1 Facility will send LPA LIC 508 by 2 6/16/23. 3 Facility will send staff schedule for the 4 weeks of 6/18/23-6/30/23 by 6/16/23. 5 Facility will send a written plan of action 6 to address ratio issues by 7/8/23. 7
	8 Based on confidential interviews and 9 documents review conducted by LPA 10 Simien. Individuals stated there were 11 times when the facility did not have the 12 proper staff to client ratio based on the 13 ratio established by the facility's 14 program statement.	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: Helga Wong

TELEPHONE: (408) 324-2123

LICENSING EVALUATOR NAME: Paul Simien
LICENSING EVALUATOR SIGNATURE:

TELEPHONE: 408-324-2112
DATE: 06/08/2023

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/08/2023