

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 435390032

Report Date: 07/01/2022

Date Signed: 07/05/2022 12:54:48 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 **06/21/2022** and conducted by Evaluator Paul Simien

PUBLIC	COMPLAINT CONTROL NUMBER: 26-CR-20220621222622
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FACILITY NAME: EMBARK AT SAN MARTIN	FACILITY NUMBER: 435390032
ADMINISTRATOR: NOEL BEAULIEU	FACILITY TYPE: 730
ADDRESS:	TELEPHONE:
CITY:	ZIP CODE:
CAPACITY: 6	DATE: 07/01/2022
STATE:	UNANNOUNCED TIME BEGAN: 10:30 AM
CENSUS:	TIME COMPLETED: 12:45 PM
MET WITH: Dawn Halliburton-Rudy, Administrator	

ALLEGATION(S):

1	Facility did not provide supervision resulting inappropriate interaction between clients.
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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 that a new complaint had been filed with Licensing and that LPA Simien was opening an
3	investigation for the above listed allegations. LPA discussed this with Dawn Halliburton-Rudy,
4	Administrator (ADM) at 10:30 AM on 7/1/22.
5	Based on confidential interviews conducted on 7/1/22. There was evidence of above allegations
6	occurring. The complaint allegations, facility did not provide supervision resulting inappropriate
7	interaction between clients, is valid because the preponderance of the evidence standard has been met,
8	therefore the allegation is substantiated.
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10	As a result of this visit, there is one title 22 Regulation and General Licensing Standards 80078
11	Responsibility for Providing Care and Supervision (a) violation observed. The facility will be cited (see

12 LIC 9099-D for details). Appeal rights were discussed and provided. Exit interview was conducted and a
 13 copy of this report was provided to Jael Debora, Residential Director whose signature on this form confirm receipt of these documents

Substantiated	Estimated Days of Completion:
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SUPERVISOR'S NAME: Helga Wong LICENSING EVALUATOR NAME: Paul Simien LICENSING EVALUATOR SIGNATURE:	TELEPHONE: (408) 324-2123 TELEPHONE: 408-324-2112 DATE: 07/01/2022
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/01/2022
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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-20220621222622

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 **FACILITY NUMBER:** 435390032
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 07/01/2022

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type A 07/01/2022 Section Cited CCR 80078(a)	1	80078 Responsibility for Providing Care and Supervision (a) The licensee shall provide care and supervision as necessary to meet the client's needs. This requirement is not met evidenced by:	1	The facility agrees to conduct room checks at night every 15 minutes and will have staff sign a sheet confirming they had conducted the check. The facility will conduct training for night checks and night check sheets. Facility will send LPA sheets used for night checks and training sheet signed by staff by 8/1/22
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	8	Based on confidential interviews conducted by LPA Simien. Clients engaged in inappropriate sexual activity due to a lack of staff supervision. This poses a health and safety risk to the clients in the facility.	8	
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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	TELEPHONE: 408-324-2112
LICENSING EVALUATOR SIGNATURE:	DATE: 07/01/2022
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/01/2022