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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 107203197
Report Date: 07/29/2026
Date Signed: 07/29/2026 02:56:15 PM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION FRESNO RO, 1314 E SHAW AVE FRESNO, CA 93710

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/07/2025** and conducted by Evaluator Kamaldeep Kaur

	COMPLAINT CONTROL NUMBER: 24-AS-20250807090451

FACILITY NAME:	VINTAGE GARDENS			**FACILITY NUMBER:**	107203197
ADMINISTRATOR:	GEBBIA, LOUIS			**FACILITY TYPE:**	740
ADDRESS:	540 S. PEACH			**TELEPHONE:**	(559) 252-4036
CITY:	FRESNO	**STATE:** CA		**ZIP CODE:**	93727
CAPACITY:	158	**CENSUS:** 59		**DATE:**	07/29/2026
		UNANNOUNCED		**TIME BEGAN:**	12:20 PM
MET WITH:	Administrator Louis Gebbia			**TIME COMPLETED:**	02:00 PM

ALLEGATION(S):

1	Staff are not properly supervising residents who are a fall risk
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INVESTIGATION FINDINGS:

1	On 07/29/2026, Licensing Program Analyst (LPA) K. Kaur arrived unannounced to deliver findings on the
2	above allegation. LPA introduced self, stated the purpose of the visit and requested to meet with
3	Administrator. LPA met with Administrator Louis Gebbia.
4	
5	During the course of the investigation, the Department reviewed records and conducted interviews.
6	A review of records revealed that R1 had a history of falls and required a fall intervention plan to include
7	safety checks, however R1's care plan did not specify the frequency of the safety checks. During an
8	interview with the Administrator, it was found that the facility implemented safety checks every hour and
9	placed a mattress on the floor to prevent falls after a discussion with an LPA.
10	
11	Based on interview and records review, the preponderance of evidence standard has been met, therefore
12	the allegation: Staff are not properly supervising residents who are a fall risk is found to be
13	SUBSTANTAITED.

Substantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Alexandria Walton
LICENSING EVALUATOR NAME: Kamaldeep Kaur
LICENSING EVALUATOR SIGNATURE:
DATE: 07/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/29/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Control Number 24-AS-20250807090451

FACILITY NAME: VINTAGE GARDENS **FACILITY NUMBER:** 107203197
VISIT DATE: 07/29/2026

NARRATIVE

A Deficiency is being issued in accordance with California Code of Regulations, Title 22, Division 6 on the attached 9099D.

Exit interview conducted and a plan of correction was reviewed and developed with Louis Gebbia. A copy of this report and appeal rights were discussed and provided to Louis Gebbia, whose signature on this form confirms receipt of this document.

SUPERVISORS NAME: Alexandria Walton
LICENSING EVALUATOR NAME: Kamaldeep Kaur
LICENSING EVALUATOR SIGNATURE:
DATE: 07/29/2026

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DATE: 07/29/2026

Control Number 24-AS-20250807090451

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
FRESNO RO, 1314 E SHAW AVE
FRESNO, CA 93710

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: VINTAGE GARDENS **FACILITY NUMBER:** 107203197
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 07/29/2026

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 08/05/2026 **Section Cited** CCR 87465(a)	1 2 3 4 5 6 7	87465 Incidental Medical and Dental Care (a) A plan for incidental medical and dental care shall be developed by each facility This requirement was not met as evidenced by:	1 2 3 4 5 6 7	Licensee agrees to review section 87465 and submit a written statement detailing the steps the facility will take to ensure requirements of this section are met by the POC due date.
	8 9 10 11 12 13 14	Based on interviews and records review, the Licensee did not comply with section 87465 when the facility did not develop implement a fall intervention plan for R1 until staff had a discussion with an LPA which is a potential health and safety concern to residents in care.	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	

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: Alexandria Walton
LICENSING EVALUATOR NAME: Kamaldeep Kaur
LICENSING EVALUATOR SIGNATURE:
DATE: 07/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/29/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
FRESNO RO, 1314 E SHAW AVE
FRESNO, CA 93710

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ADMINISTRATOR: GEBBIA, LOUIS
FACILITY TYPE: 740
ADDRESS: 540 S. PEACH
TELEPHONE: (559) 252-4036
CITY: FRESNO **STATE:** CA **ZIP CODE:** 93727
CAPACITY: 158 **CENSUS:** **DATE:** 07/29/2026

UNANNOUNCED **TIME BEGAN:** 12:20 PM

MET WITH: **TIME COMPLETED:** 02:00 PM

ALLEGATION(S):

1	Staff are not administering medication as prescribed
2	Staff are not properly notifying residents responsible party of incidents in a timely manner
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INVESTIGATION FINDINGS:

1	On 7/29/2026, Licensing Program Analyst (LPA) Kaur arrived unannounced to deliver findings on the
2	above allegation. LPA met with Administrator Louis Gebbia and stated the purpose of the visit.
3	
4	During the course of the investigation, the Department reviewed records and conducted interviews.
5	A review of records revealed that facility staff administered medications that were prescribed by R1's
6	care physician. Additionally, after review of records and interviews conducted, it was determined that any
7	incidents that occurred at the facility were reported to R1's responsible party, care physicians, and to the
8	Department. Based on interviews and records review, the allegations: Staff are not administering
9	medication as prescribed and Staff are not properly notifying residents responsible party of incidents in a
10	timely manner, are UNSUBSTANTIATED. Although the allegations may have happened and are valid,
11	there is not a preponderance of evidence to prove the alleged violations did or did not occur. No
12	deficiencies issued.
13	
	Exit interview conducted. A copy of this report was discussed and provided to Louis Gebbia, whose signature on this form confirms receipt of this document.

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Alexandria Walton
LICENSING EVALUATOR NAME: Kamaldeep Kaur
LICENSING EVALUATOR SIGNATURE:
DATE: 07/29/2026

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