

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 107209360
Report Date: 10/25/2025
Date Signed: 10/25/2025 02:15:20 PM

Unsubstantiated

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	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/05/2025** and conducted by Evaluator Melinda Medina

PUBLIC	COMPLAINT CONTROL NUMBER: 24-AS-20250805112857
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FACILITY NAME: NORTHWEST VILLA	FACILITY NUMBER: 107209360
ADMINISTRATOR: ROYCHOUDHURY, MINAKSHI	FACILITY TYPE: 740
ADDRESS: 542 W. BROWNING AVENUE	TELEPHONE: (559) 448-8964
CITY: FRESNO	STATE: CA
CAPACITY: 6	ZIP CODE: 93704
MET WITH: Shailesh "Steve" Patel	DATE: 10/25/2025
	UNANNOUNCED TIME BEGAN: 01:15 PM
	TIME COMPLETED: 02:30 PM

ALLEGATION(S):

1	Resident was injured by staff
2	Resident financially exploited by staff
3	Staff do not respond to resident's call for assistance in a timely manner
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INVESTIGATION FINDINGS:

1	On /1025/2025, Licensing Program Analyst (LPA) M. Medina conducted an unannounced subsequent
2	complaint visit to conduct additional interviews and deliver findings. LPA introduced self and stated
3	purpose of visit, and allowed entrance by caregiver. LPA met with Administrator, Shailesh "Steve" Patel to
4	conduct complaint visit.
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6	During the subsequent visit, LPA conducted interview and delivered findings. During the course of the
7	investigation, facility was toured, records reviewed, and interviews conducted. This department had
8	insufficient information regarding the allegations listed above. Although the allegation may have
9	happened or is valid, there is not a preponderance of evidence to prove or disprove that the allegation
10	occurred therefore the allegation is UNSUBSTANTIATED.
11	
12	No deficiencies issued during this complaint visit . Exit interview conducted. A copy of this report was
13	provided to Administrator for facility records

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Sergiy Pidgirny

LICENSING EVALUATOR NAME: Melinda Medina

LICENSING EVALUATOR SIGNATURE:

DATE: 10/25/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/25/2025

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