

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 176803831
Report Date: 12/15/2025
Date Signed: 12/15/2025 03:37:28 PM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SANTA ROSA RO, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **11/19/2025** and conducted by Evaluator Julie Florio

	COMPLAINT CONTROL NUMBER: 21-AS-20251119145338
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FACILITY NAME: ORCHARD PARK SENIOR LIVING COMMUNITY	FACILITY NUMBER: 176803831
ADMINISTRATOR: JONES, MELISSA	FACILITY TYPE: 740
ADDRESS: 14789 BURNS VALLEY ROAD	TELEPHONE: (707) 995-1900
CITY: CLEARLAKE	ZIP CODE: 95422
CAPACITY: 56	DATE: 12/15/2025
MET WITH: Melissa Jones, Administrator	UNANNOUNCED TIME BEGAN: 11:45 AM
	TIME COMPLETED: 03:45 PM

ALLEGATION(S):

1	Staff did not respond to resident council in a timely manner
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INVESTIGATION FINDINGS:

1	On 12/15/2025, Licensing Program Analyst (LPA) Julie Florio arrived unannounced to deliver complaint
2	#21-AS-20251119145338 investigation findings regarding the above allegation and met with Melissa
3	Jones, Administrator. Reporting Party (RP) alleges that staff did not respond to resident council in a
4	timely manner.
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6	On 11/20/2025, LPA Florio conducted a phone interview with RP and requested copies of
7	correspondence regarding recent resident council meeting notes. On 11/21/2025, LPA received copies of
8	these documents for 02/14/2025, 09/12/2025, and 11/14/2025 resident council meetings. Based on the
9	interview conducted and documents received, it was revealed that the 02/14/2025 and 09/12/2025
10	meeting minutes were not signed by the resident council president or the facility administrator as
11	required.
12	
13	Continued on LIC9099C...

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Bethany Moellers
LICENSING EVALUATOR NAME: Julie Florio
LICENSING EVALUATOR SIGNATURE:

DATE: 12/15/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/15/2025

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 21-AS-20251119145338

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SANTA ROSA RO, 1450 NEOTOMAS AVENUE,
STE. 100
SANTA ROSA, CA 95405

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: ORCHARD PARK SENIOR LIVING
COMMUNITY

FACILITY NUMBER: 176803831

VISIT DATE: 12/15/2025

NARRATIVE

1 Continued from LIC9099...

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4 On 11/25/2025, LPA conducted 10-day complaint investigation visit and obtained documents, made
5 observations, and conducted interviews. Based on resident council meeting notes received during this
6 visit, the 05/09/2025 meeting notes were signed by the administrator on 06/12/2025 which is beyond the
7 required 14-day response time frame and the notes were not signed by the resident council president as
8 required. Additionally, for the 06/13/2025 meeting, the administrator did not sign the meeting notes until
9 07/09/2025 which is outside the required response time frame and again did not ensure the president
10 reviewed and signed the notes.

11 Based on observations made, interviews conducted and records obtained, the allegation that staff did
12 not respond to resident council in a timely manner is SUBSTANTIATED. A finding that a complaint
13 allegation is SUBSTANTIATED means that the allegation is valid because the preponderance of the
14 evidence standard has been met.

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16 Deficiency is cited from Health and Safety Code, (see LIC9099D).

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18 Exit interview conducted with Administrator, whose signature on form confirms receipt of documents.
19 Copy of report and appeal rights provided to Administrator.
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SUPERVISORS NAME: Bethany Moellers
LICENSING EVALUATOR NAME: Julie Florio
LICENSING EVALUATOR SIGNATURE:

DATE: 12/15/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/15/2025

LIC9099 (FAS) - (06/04)

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Control Number 21-AS-20251119145338

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SANTA ROSA RO, 1450 NEOTOMAS AVENUE,

**COMPLAINT INVESTIGATION REPORT
(Cont)**

STE. 100
SANTA ROSA, CA 95405

FACILITY NAME: ORCHARD PARK SENIOR LIVING
COMMUNITY

FACILITY NUMBER: 176803831

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 12/15/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 12/29/2025 Section Cited HSC 1569.157(c)	1 Resident-oriented facility council 2 1569.157(c) If a resident council 3 submits written concerns or 4 recommendations, the facility shall 5 respond in writing regarding any action 6 or inaction taken in response to those 7 concerns or recommendations within 14 calendar days.	1 Licensee agrees to submit a seffl- 2 certficaton that they have reviewed and 3 understand Health and Safety Code 4 section 1569.157(c) as it pertains to the 5 required 14 day response time frame to 6 the resident council to CCLD by POC 7 due date 12/29/2025.
	8 This requirement is not met as 9 evidenced by: 10 Based on records reviewed and 11 interviews conducted, Licensee did not 12 ensure they responded to the resident 13 council in a timely manner as required. 14 This poses a potential Health, Safety and/or Personal Rights risk to residents in care.	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISORS NAME: Bethany Moellers LICENSING EVALUATOR NAME: Julie Florio LICENSING EVALUATOR SIGNATURE:		DATE: 12/15/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 12/15/2025