

# Department of SOCIAL SERVICES

*Community Care Licensing*

## COMPLAINT INVESTIGATION REPORT

**Facility Number:** 216804010  
**Report Date:** 01/15/2026  
**Date Signed:** 01/15/2026 04:55:22 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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/10/2025** and conducted by Evaluator Caitlynn Felias

	<b>COMPLAINT CONTROL NUMBER:</b> 21-AS-20251210165426
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<b>FACILITY NAME:</b> VINCENT, THE	<b>FACILITY NUMBER:</b> 216804010
<b>ADMINISTRATOR:</b> PARI, MANOUCHEHRI	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 1 LAS GALINAS AVE	<b>TELEPHONE:</b> (628) 336-1400
<b>CITY:</b> SAN RAFAEL	<b>ZIP CODE:</b> 94903
<b>CAPACITY:</b> 126	<b>DATE:</b> 01/15/2026
<b>MET WITH:</b> Executive Director/Administrator, Pari Manouchehri	<b>UNANNOUNCED TIME BEGAN:</b> 09:00 AM
	<b>TIME COMPLETED:</b> 05:00 PM

**ALLEGATION(S):**

1	Staff did not properly transfer a resident in care resulting in resident sustaining fractures
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**INVESTIGATION FINDINGS:**

1	At approximately 9:00AM, Licensing Program Analyst (LPA) Felias arrived unannounced to deliver findings for a Complaint Investigation regarding the above allegation and met with Executive Director, Pari Manouchehri.
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5	During the course of the investigation, the Department requested and reviewed documents, conducted interviews, and made observations. The following allegation was investigated, "Staff did not properly transfer a resident in care resulting in resident sustaining fractures." Complaint alleged that Resident 1 (R1) sustained fractures to their right ankle and toe due to facility staff not placing R1 properly in their hoyer lift during a transfer. Complaint also stated concerns that R1 sustained a knee fracture due to a fall from their bed.
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11	Interview conducted with Memory Care Director revealed that on 08/17/2025, two staff members were assisting R1 while using the hoyer lift. Per interview, R1's hoyer lift may have been set up wrong because
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13	Continued on LIC9099C

<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Victoria Bertozzi  
**LICENSING EVALUATOR NAME:** Caitlynn Felias  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/15/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/15/2026

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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STE. 100  
SANTA ROSA, CA 95405

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** VINCENT, THE

**FACILITY NUMBER:** 216804010

**VISIT DATE:** 01/15/2026

### NARRATIVE

1 Continued from LIC9099

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one of the leg slings came off causing R1's body weight to shift and fall. The two staff members assisting R1 focused on helping their upper body because they didn't want R1 to hit their head. R1's toe and ankle hit the metal of the hoier lift because R1's legs are not functional and R1 cannot move them. Per interview, on 08/17/2025, R1 was observed to have no apparent injuries and an internal incident report was made. On 08/18/2025, R1 was observed to have redness so R1's Responsible Party and Primary Care Physician were notified. Facility requested a home health nurse to come to the facility for further assessment.

Review of R1's incident reports showed that on 08/22/2025, they were sent to the ER where it was found that they had a fractured big toe and ankle. Report also stated that the injury was from a hoier lift incident that occurred on 08/17/2025 and that facility staff received additional hoier lift training on 08/19/2025.

Review of R1's progress notes showed the following:

· On 08/18/2025, facility staff observed that resident's left leg was swollen and complained of pain when touched.

· On 08/19/2025, R1 was observed laying on top of their hoier lift sling on the floor. Per progress note, one of the loops of the sling was not on it causing R1 to wing to the side. R1 sustained a bruise on their left arm and a swollen big toe that had redness.

· On 08/20/2025, R1 was observed to still have swelling and redness to the area.

· On 08/22/2025, R1's home health agency conducted a visit and requested for an x-ray for R1

· On 08/23/2025, R1 returned to the facility with a fractured ankle and broken big toe.

Review of R1's incident reports and progress notes indicated that a separate incident occurred on 11/18/2025. Per report, R1 was found on the floor by facility staff and was sent to the hospital for further evaluation. Per incident report, preliminary tests indicated that R1 did not sustain any fractures or major injuries. Review of R1's medical records stated that x-rays revealed R1 sustained leg fractures and was admitted to a skilled nursing facility. Facility addressed the knee incident appropriately.

Based on record review, interviews conducted, and observations made, the allegation of "Staff did not properly transfer a resident in care resulting in resident sustaining fractures" is **Substantiated**. A finding that the complaint allegation is **Substantiated** means that the allegation is valid because the preponderance of the evidence standard has been met.

Continued on LIC9099C

**SUPERVISORS NAME:** Victoria Bertozzi  
**LICENSING EVALUATOR NAME:** Caitlynn Felias

LICENSING EVALUATOR SIGNATURE:

DATE: 01/15/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/15/2026

LIC9099 (FAS) - (06/04)

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# COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: VINCENT, THE

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DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/15/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 01/16/2026 Section Cited CCR 87466	1 87466 Observation of the Resident: 2 The licensee shall ensure that residents 3 are regularly observed for 4 changes...and that appropriate 5 assistance is provided...This 6 requirement was not met as evidenced 7 by: based on record review and interviews conducted, Licensee did not ensure that	1 Licensee to submit self-certification that 2 in-service training will be conducted for 3 all care staff on these topics: when to 4 call 911 and observing changes in 5 condition for residents. Self-Certification 6 to be submitted by POC due date of 7 01/16/2026. Training to include the following: Date, Topic, Job Role, Staff
	8 Resident 1 (R1) received timely medical 9 care. R1 had an incident with their 10 hoyer lift on 8/17/25. They were 11 observed to have swelling and redness 12 on 8/18/25 but did not get assessed 13 until 8/22/25. This poses an immediate 14 health, safety, or personal rights risk to residents in care.	8 Names, and Signatures. Training to be 9 submitted to CCL for review and 10 approval by POC due date of 11 01/26/2026.
	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.

SUPERVISORS NAME: Victoria Bertozzi

LICENSING EVALUATOR NAME: Caitlynn Felias

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LIC9099 (FAS) - (06/04)

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**NARRATIVE**

1 Continued from LIC9099C  
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4 **Deficiencies are cited from the California Code of Regulations (CCRs), and/or the Health and**  
5 **Safety Code. Failure to correct the cited deficiency(ies), on or before the Plan of Correction**  
6 **(POC) due date, may result in a civil penalty assessment.**

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8 **\*\*An immediate Civil Penalty in the total amount of \$500 has been issued for not seeking timely**  
9 **medical care (See LIC-421IM). An additional civil penalty may be assessed based on Health and**  
10 **Safety Code 1569.49(e) or (f), or 1548(e) or (f), 1568.0822(e) or (f).\*\***

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12 Exit interview conducted. Copy of report, Plan of Corrections, and Appeal Rights, discussed and  
13 provided to Executive Director. Signature on form confirms receipt of documents.  
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