

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 286804069  
Report Date: 04/01/2025  
Date Signed: 04/01/2025 12:05:51 PM

### Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 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 **12/11/2024** and conducted by Evaluator Christopher Arnhold

	<b>COMPLAINT CONTROL NUMBER: 21-AS-20241211154024</b>
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<b>FACILITY NAME:</b> INN ON VILLA LANE, THE	<b>FACILITY NUMBER:</b> 286804069
<b>ADMINISTRATOR:</b> DORLA LICAUSI	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 3255 VILLA LANE	<b>TELEPHONE:</b> (707) 252-3333
<b>CITY:</b> NAPA	<b>STATE:</b> CA
<b>CAPACITY:</b> 86	<b>ZIP CODE:</b> 94558
<b>MET WITH:</b> Dorla Licausi	<b>CENSUS:</b> 72
	<b>DATE:</b> 04/01/2025
	<b>UNANNOUNCED TIME BEGAN:</b> 09:00 AM
	<b>TIME COMPLETED:</b> 12:15 PM

#### ALLEGATION(S):

1	Staff did not call emergency services for residents in care
2	Staff did not prevent residents from smoking inside the facility
3	Staff did not prevent residents from sleeping on the facility floor
4	Staff did not prevent residents from entering other resident rooms
5	Staff did not prevent resident from interfering with resident's care needs
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#### INVESTIGATION FINDINGS:

1	At approximately 9:00AM, Licensing Program Analyst (LPA) Chris Arnhold arrived at this facility
2	unannounced to conduct an investigation into the above allegations. LPA met with Executive Director
3	Dorla Licausi, reviewed records and interviewed staff. Based on records reviewed, LPA was not able to
4	find evidence so support the allegations listed above. Records reviewed showed the facility contacted
5	emergency services when residents are in need and basic first aid is provided when emergency services
6	are not required. Based on interviews conducted and records reviewed, the facility has a strict no
7	smoking indoor policy. Residents, however, are able to make decisions and not follow the policy. When
8	smoking indoors is observed, staff remind residents of the risk and request they use the outdoor smoking
9	areas. Based on records reviewed, residents have been found sleeping in areas other than their rooms.
10	Records show when a resident is found sleeping in public areas, they are checked on and assisted back
11	to their rooms. Based on records reviewed, residents are sometimes found in other resident rooms.
12	Residents are checked on and assisted to their own rooms. Staff document the interaction and when
13	needed, care plans are updated to increase monitoring of residents. LPA was not able to find evidence to
	show residents are interfering with other residents care needs. Although the allegations may have

happened or are valid, there is not a preponderance of evidence to prove the alleged violations did or did not occur, therefore the allegations are Unsubstantiated.

**Unsubstantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Bethany Moellers  
**NAME OF LICENSING PROGRAM ANALYST:** Christopher Arnhold  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 04/01/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 04/01/2025

**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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