

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 397003771

Report Date: 11/19/2025

Date Signed: 11/19/2025 01:32:29 PM

### Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/23/2025** and conducted by Evaluator Kesha Lewis

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 27-AS-20250723160851</b>
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<b>FACILITY NAME:</b> BROOKDALE LODI	<b>FACILITY NUMBER:</b> 397003771
<b>ADMINISTRATOR:</b> MARY MARGARET CHAPPELL	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 2220 W. KETTLEMAN LANE	<b>TELEPHONE:</b> (209) 367-8870
<b>CITY:</b> LODI	<b>ZIP CODE:</b> 95242
<b>CAPACITY:</b> 82	<b>DATE:</b> 11/19/2025
<b>MET WITH:</b> MARY MARGARET CHAPPELL	<b>UNANNOUNCED TIME BEGAN:</b> 09:15 AM
	<b>TIME COMPLETED:</b> 11:15 AM

#### ALLEGATION(S):

1	Staff does not provide resident's meals in a timely manner.
2	Staff does not refill resident(s) medication prescription in a timely manner.
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#### INVESTIGATION FINDINGS:

1	On 11/19/2025, Licensing Program Analyst (LPA) Kesha Lewis conducted an unannounced facility visit to continue the investigation for complaint for the above allegations. LPA met with Executive Director and explained the purpose of today's visit.
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5	Based on the records reviewed, interviews with staff and interviews with resident the resident chose when they wanted to have their meals, the facility has an all-day meal availability policy therefore the complaint the allegation is found to be UNSUBSTANTIATED. Although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur, and therefore the allegation is unsubstantiated. An exit interview was conducted, and a copy of this report was provided to the facility.
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12	An exit interview was conducted, and a copy of this report was given.
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<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Liza King

**LICENSING EVALUATOR NAME:** Kesha Lewis

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 11/19/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/19/2025

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