

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 397003771
Report Date: 07/27/2026
Date Signed: 07/27/2026 02:18:46 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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 05/11/2026 and conducted by Evaluator Kesha Lewis

PUBLIC	COMPLAINT CONTROL NUMBER: 27-AS-20260511092801
FACILITY NAME: BROOKDALE LODI	
FACILITY NUMBER: 397003771	
ADMINISTRATOR: MARY MARGARET CHAPPELL	
FACILITY TYPE: 740	
ADDRESS: 2220 W. KETTLEMAN LANE	
TELEPHONE: (209) 367-8870	
CITY: LODI	ZIP CODE: 95242
CAPACITY: 82	DATE: 07/27/2026
STATE: CA	TIME BEGAN: 12:30 PM
CENSUS: 67	TIME COMPLETED: 02:00 PM
UNANNOUNCED	
MET WITH: MARY MARGARET CHAPPELL	

ALLEGATION(S):

1	Licensee does not ensure staff have required training
2	Staff speak inappropriately to residents
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INVESTIGATION FINDINGS:

1	On 07/26/2026, Licensing Program Analyst (LPA) Kesha Lewis conducted an unannounced facility visit to
2	deliver findings for complaint for the above allegations. LPA met with Mary Margaret Chappell and
3	explained the purpose of today's visit.
4	
5	Based on the records reviewed, staff and resident interviews three (3) out of three (3) staff confirmed
6	the training they received and four (4) out of four (4) residents confirmed they had not been spoken to or
7	heard any staff speak to residents inappropriately. The allegations above are UNSUBSTANTIATED. A
8	finding of unsubstantiated means although the allegation may have happened or is valid, there is not a
9	preponderance of evidence to prove the alleged violation did or did not occur, and therefore the
10	allegation is unsubstantiated.
11	
12	An exit interview was conducted, and a copy of this report was provided to the facility.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Liza King	
LICENSING EVALUATOR NAME: Kesha Lewis	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/27/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/27/2026