

Department of

# SOCIAL SERVICES

## Community Care Licensing

# COMPLAINT INVESTIGATION REPORT

Facility Number: 425850365

Report Date: 01/30/2026

Date Signed: 01/30/2026 12:34:41 PM

## Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/29/2026** and conducted by Evaluator Mark Jeffries

	<b>COMPLAINT CONTROL NUMBER: 29-AS-20260129095641</b>
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<b>FACILITY NAME:</b> FOUNTAIN SQUARE OF LOMPOC	<b>FACILITY NUMBER:</b> 425850365
<b>ADMINISTRATOR:</b> MORGAN WILLIAMS	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 1420 W NORTH AVENUE	<b>TELEPHONE:</b> (805) 736-1234
<b>CITY:</b> LOMPOC	<b>ZIP CODE:</b> 93436
<b>CAPACITY:</b> 130	<b>DATE:</b> 01/30/2026
<b>MET WITH:</b> Administrator, Meshell Ramos	<b>UNANNOUNCED TIME BEGAN:</b> 09:15 AM
	<b>TIME COMPLETED:</b> 01:00 PM

### ALLEGATION(S):

1	Resident sustained a pressure wound due to staff neglect.
2	Staff did not ensure resident received medical attention in a timely manner.
3	Staff left resident soiled in feces for an extended period of time.
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### INVESTIGATION FINDINGS:

1	At 9:00am on 01/30/2026, Licensing Program Analyst (LPA) Jeffries arrived to the facility unannounced to
2	conduct the initial investigation visit. LPA met with Administrator, Meshell Ramos, announced who he is
3	and the reason for the visit. LPA reviewed documentation, conducted interviews of Staff and Residents.
4	LPA collected documentation and was able to determine and deliver final findings during the initial
5	investigation visit.
6	As to the allegations of, "Resident sustained a pressure wound due to staff neglect." and "Staff did not
7	ensure resident received medical attention in a timely manner" It was alleged that, staff were unaware of
8	foot wounds of Resident 1 (R1). On 01/30/2026, LPA Jeffries conducted an interview with R1. R1 stated
9	that they had no issues with care at the facility and care provided by the staff. R1 stated that the facility
10	addressees R1's foot wound in a timely manor and helped. R1 stated Home Health has been treating
11	foot since its been hurting and has been seen by a Podiatrist. R1 stated that the wounds on the foot are
12	"healing nicely and a nurse will be arriving to the facility today (01/30/2026) to look at R1's foot again." R1
13	stated that they had CONTINUED on LIC9099-C

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Kelly Burley  
**LICENSING EVALUATOR NAME:** Mark Jeffries  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/30/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/30/2026

**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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**Control Number 29-AS-20260129095641**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 21731 VENTURA BLVD.  
#250  
WOODLAND HILLS, CA 91364

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** FOUNTAIN SQUARE OF LOMPOC

**FACILITY NUMBER:** 425850365

**VISIT DATE:** 01/30/2026

### NARRATIVE

1 no issues at all with the care provided by the facility and its staff. On 01/30/2026 LPA Jeffries conducted  
2 interviews with multiple staff (S1, S2, S3, and S4). S1-4 all stated that they have continuous training by  
3 the facility. All stated that R1 would let facility staff know if R1 had any injury or illness, need for  
4 incontinence assistance and would routinely refuse showers weekly. On 01/30/2026, LPA Jeffries  
5 conducted interviews with multiple Residents (R2, R3, R4, and R5). R2-5 all stated they had no issues  
6 with assistive care that the facility provides, R1-4 all stated that they had no issues with showering or  
7 incontinence assistance the facility provides. R1-4 all stated they had no issues of concern with the  
8 facility in general. On 01/30/2026, LPA Jeffries reviewed documentation of incident report from the  
9 facility dated 01/21/2026 indicating that R1 was seen by Physician on 01/21/2026 who referred R1 to ER  
10 to determine stage of food wound. R1 returned to facility on 01/21/2026. R1's Podiatrist saw R1 on  
11 01/26/2026 and Home Health wound care specialist saw R1 on 01/30/2026. LPA noted that the Home  
12 Health Care contract for R1 was to address R1's foot and began on or before December 23, 2025.  
13 which provided evidence of contestant licensed medical attention to R1's foot prior to R1's visit to the ER  
14 on 01/21/2026. Based on interviews, and documentation there is not enough evidence at this time to  
15 support the allegations of "Resident sustained a pressure wound due to staff neglect." and "Staff did not  
16 ensure resident received medical attention in a timely manner" and both are unsubstantiated at this  
17 time.

18  
19 As to the allegation of, "Staff left resident soiled in feces for an extended period of time." It was alleged  
20 that, facility staff are, "leaving residents in soaked diapers until they are dripping wet with urine or feces  
21 down their chairs." On 01/30/2026 LPA Jeffries conducted an interview with R1 who stated, R1 had no  
22 issues with care at the facility and care provided by the staff. R1 denied having any issues with  
23 incontinence care at the facility. On 01/30/2026, LPA Jeffries reviewed facility Shower Form & Skin  
24 Integrity Monitoring Form for R1 for the months of July 2025 through January 2026 which documents  
25 contestant showering assistance for the months of July through December 2025. The Shower Form &  
26 Skin Integrity Monitoring Form for R1 for the month of January shows that R1 refused 3 of 7 assisted  
27 showers (every other shower attempt) for the month of January 2026. LPA reviewed R1's Appraisals  
28 Needs and Assignments form and Care plan that state, "often Resident will only agree to one shower  
29 per week." On 01/30/2026 LPA Jeffries made observations during visit and noted no residents appearing  
30 to be uncomfortable or lacking needs being met by facility staff. Based on interviews documentation and  
31 observation there is not enough evidence at this time to support the allegation of, "Staff left resident  
32 soiled in feces for an extended period of time." and is unsubstantiated at this time.

Exit interview, report read, and report provided.

**SUPERVISORS NAME:** Kelly Burley  
**LICENSING EVALUATOR NAME:** Mark Jeffries  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/30/2026

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**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/30/2026