

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 435202919

Report Date: 02/24/2026

Date Signed: 02/24/2026 01:36:36 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/18/2026** and conducted by Evaluator Komal Curley

PUBLIC	COMPLAINT CONTROL NUMBER: 26-AS-20260218092744
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FACILITY NAME: VILLA TOSCANA A MEMORY CARE COMMUNITY	FACILITY NUMBER: 435202919
ADMINISTRATOR: ANDREW PENCE	FACILITY TYPE: 740
ADDRESS: 939 W. EL CAMINO REAL	TELEPHONE: (707) 592-4252
CITY: MOUNTAIN VIEW	STATE: CA
CAPACITY: 70	ZIP CODE: 94040
	CENSUS: 35
	DATE: 02/24/2026
MET WITH: Care Coordinator, Blanca Evia Del Puerto	UNANNOUNCED TIME BEGAN: 12:05 PM
	TIME COMPLETED: 01:50 PM

ALLEGATION(S):

1	Resident's call light is in disrepair.
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INVESTIGATION FINDINGS:

1	On February 24, 2026, Licensing Program Analyst (LPA) Komal Curley conducted an unannounced 10-
2	day complaint visit. LPA met with Care Coordinator, Blanca Evia Del Puerto and explained the purpose of
3	the visit.
4	
5	Regarding the allegation, resident's call light is in disrepair, according to the reporting party, on 2/9/26,
6	during a facility visit, it was observed that a red cord was tied to extend the existing red cord in Resident
7	1's (R1's) room and when the reporting party pulled the cord, staff did not come. According to the
8	reporting party, he/she was notified that it was an IT problem. As of 2/17/26, it was observed that R1's
9	call light has not been resolved.
10	
11	During the investigation, LPA tested R1's call light, interviewed staff, and reviewed documentation. Based
12	on observations, LPA observed R1's call light to be in good working condition. According to staff
13	interviewed and documentation reviewed, after this issue was brought up to management, the facility
	immediately contacted their IT team to troubleshoot the system. (Continue to 9099C).

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Cowan April
LICENSING EVALUATOR NAME: Komal Curley
LICENSING EVALUATOR SIGNATURE:

DATE: 02/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/24/2026

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 26-AS-20260218092744

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350
SAN JOSE, CA 95131

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: VILLA TOSCANA A MEMORY CARE COMMUNITY

FACILITY NUMBER: 435202919

VISIT DATE: 02/24/2026

NARRATIVE

1 In addition, according to staff interviewed and documentation reviewed, the whole call light system was
2 down for about two weeks, however the facility immediately started taking steps to fix this issue as soon
3 as it was brought up. Staff indicated that while the call lights were in disrepair, staff increased resident
4 checks to every 30 minutes to an hour or as needed based on resident needs.
5

6 Based on documents reviewed, information collected, and interviews conducted, the department has
7 determined that although the above allegation may have happened or are valid, there is no
8 preponderance of evidence to prove the alleged violation did or did not occur, therefore the above
9 allegation is UNSUBSTANTIATED.
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11 Report is reviewed with Care Coordinator, Blanca Evia Del Puerto and a copy is provided.
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SUPERVISORS NAME: Cowan April
LICENSING EVALUATOR NAME: Komal Curley
LICENSING EVALUATOR SIGNATURE:

DATE: 02/24/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/24/2026

LIC9099 (FAS) - (06/04)

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