

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435294328

Report Date: 01/06/2026

Date Signed: 01/07/2026 08:57:42 AM

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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
FACILITY EVALUATION REPORT	

FACILITY NAME: VILLA FONTANA	FACILITY NUMBER: 435294328
ADMINISTRATOR/DUEWEL, MA. FELICITAS V. DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 5555 PROSPECT ROAD	TELEPHONE: (408) 255-5555
CITY: SAN JOSE STATE: CA	ZIP CODE: 95129
CAPACITY: 104 CENSUS: 88	DATE: 01/06/2026
TYPE OF VISIT: Case Management - Incident	UNANNOUNCED TIME VISIT/INSPECTION: 09:07 AM
MET WITH: Marife Duewel	BEGAN: TIME VISIT/INSPECTION: 11:38 AM
	COMPLETED:

NARRATIVE

1 Licensing Program Analyst (LPA) Steve Chang conducted an unannounced case management - incident
2 visit and met with Executive Director (ED) Marife Duewel.
3

4 On 01/02/2025, the Department received a notice that resident R1 had a fall and was sent to hospital on
5 12/31/2025 and R1 had a fall on 12/20/2025.
6

7 The Department interviewed R1's family member (FM). FM stated that he/she does not find the facility
8 staff had fault for the incident on 12/31/2025 and stated the facility provides good care to R1. FM
9 confirmed R1 had a fall on 12/20/2025.
10

11 LPA requested R1's physician report and appraisal needs and service plan.
12

13 LPA interviewed ED. ED stated on 12/20/2025, around 6:30AM after R1's morning care, R1 had a fall at
14 memory care unit hallway. ED stated staff found R1 was on the floor and called 911 immediately. R1
15 was sent to hospital.
16

17 ED stated on 12/31/2025, around 12:30AM, staff saw R1 was walking at the memory care unit hallway.
18 Staff S1 saw R1 was falling and tried to help but was unable to stop R1's falling. S1 called Med Tech
19 (S2). S2 came on site and assessed R1 and called 911 immediately. R1 was sent to hospital. ED stated
20 R1 still at hospital today.
21

22
23 Continue on LIC809-C. Oage 1 of 2.
24
25

NAME OF LICENSING PROGRAM MANAGER: Romeo Manzano
NAME OF LICENSING PROGRAM ANALYST: Chihhsien Chang

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 01/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 01/06/2026

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

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
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FACILITY NAME: VILLA FONTANA

FACILITY NUMBER: 435294328

VISIT DATE: 01/06/2026

NARRATIVE	
1	LPA interviewed Wellness Director (WD). WD stated resident R1 had fall on 12/20/2025 and 12/31/2025.
2	WD stated staff found R1 was on the floor on 12/20/2025 and 12/31/2025 and called 911 immediately.
3	
4	The facility did not send incident report for R1's fall and was sent to hospital on 12/20/2025 to CCL
5	office.
6	
7	Based on the review of R1's appraisal/needs and service plan, the facility did not update R1's care plan
8	after R1's fall on 12/2025.
9	
10	Deficiencies were noted for today's visit, please see LIC809-D.
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12	Exit interview was conducted with ED. The report was provided to ED for review. A copy of the report
13	was provided to ED.
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NAME OF LICENSING PROGRAM MANAGER: Romeo Manzano NAME OF LICENSING PROGRAM ANALYST: Chihhsien Chang LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 01/06/2026
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 01/06/2026
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FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: VILLA FONTANA


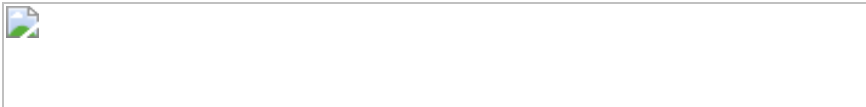
FACILITY NUMBER: 435294328

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/06/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 01/13/2026 Section Cited CCR 87211(a)(1)(D)	1 87211 Reporting Requirements(a)(1) 2 (D)Any incident which threatens the 3 welfare, safety or health of any 4 resident, such as psychological abuse 5 of a resident by staff or other residents, 6 or unexplained absence of any 7 resident. This requirement is not met as evidenced by:	1 Executive Director stated to submit a 2 plan of correction by the POC due date 3 to ensure to send incident report to 4 CCL office within 7 days of the 5 incidents. 6 7
	8 Based on interview and record review, 9 The facility did not send incident report 10 of R1's fall and was sent to hospital on 11 12/20/2025 which poses/posed an 12 potential Health, Safety, or Personal 13 Rights risk to persons in care. 14	
Type B 01/13/2026 Section Cited CCR87463(a)	1 87463 Reappraisals (a)...The 2 reappraisals shall document changes in 3 the resident's physical, medical, mental, 4 and social condition. Significant 5 changes shall include but not be limited 6 to... 7 This requirement is not met as evidenced by:	1 Executive Director stated to submit a 2 plan of action understanding regulation 3 by POC due date ensure residents' 4 care plan was updated as needed. 5 6 7
	8 Based on record review, R1 did not 9 have a reappraisal after the fall on 10 12/20/2025 and appraisal needs 11 service plan was not updated after R1's 12 incident on 12/20/2025 which 13 poses/posed a potential health, safety 14 or personal rights risk to persons in care.	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER:	Romeo Manzano
NAME OF LICENSING PROGRAM ANALYST:	Chihhsien Chang
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 01/06/2026
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