

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 435294328
Report Date: 03/24/2026
Date Signed: 03/24/2026 02:20:50 PM

Unfounded

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 01/20/2026 and conducted by Evaluator Chihhsien Chang

	COMPLAINT CONTROL NUMBER: 26-AS-20260120143805
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FACILITY NAME:	VILLA FONTANA	FACILITY NUMBER:	435294328
ADMINISTRATOR:	DUEWEL, MA. FELICITAS V.	FACILITY TYPE:	740
ADDRESS:	5555 PROSPECT ROAD	TELEPHONE:	(408) 255-5555
CITY:	SAN JOSE	ZIP CODE:	95129
CAPACITY:	104	DATE:	03/24/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	09:10 AM
	CENSUS: 91	TIME	
MET WITH:	Marife Duewel	COMPLETED:	10:10 PM

ALLEGATION(S):

1	Facility does not ensure call bells are operable.
2	Staff are not ensuring to provide assistance to residents in a timely manner.
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Steve Chang conducted an unannounced investigation visit to deliver the investigation finds and met with Executive Director (ED) Marife Duewel.
2	
3	
4	On 01/20/2026, the Department received a complaint with the above two allegations.
5	
6	On 01/27/2026, the Department conducted an initial investigation visit.
7	
8	LPA interviewed ED and 9 staff.
9	
10	LPA toured 8 resident rooms and test the call button system.
11	LPA requested the facility email logs.
12	
13	Continue on LIC9099-C. Page 1 of 3.

Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Romeo Manzano	
LICENSING EVALUATOR NAME: Chihhsien Chang	
LICENSING EVALUATOR SIGNATURE:	DATE: 03/24/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 03/24/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 1 of 3
Control Number 26-AS-20260120143805

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 FONTANA	FACILITY NUMBER: 435294328
	VISIT DATE: 03/24/2026

NARRATIVE	
1	<u>Facility does not ensure call bells are operable:</u>
2	<u>Staff are not ensuring to provide assistance to residents in a timely manner:</u>
3	The allegations are the facility call button system is not working and residents did not receive assistance
4	within timely manner.
5	
6	On 01/27/2026, LPA interviewed Executive Director (ED) Marife Duewel. ED stated in end of December
7	2025, the facility had an unannounced power outage which damaged the facility call button system. ED
8	stated the facility contacted the contracted maintenance company of the facility call button system. ED
9	stated the company came to the facility to check/repair and stated it needed to replace the hardware
10	and parts. ED stated the company stated it needed to order the hardware and parts to fix the problem.
11	
12	ED stated the call button alarm notifications are still sent to the system's computer in real time but does
13	not radio the alarm notifications to caregivers and Med Tech in real time. ED stated front desk staff were
14	instructed to read the call button alarm notification log and notify caregivers and Med Tech to help
15	residents. ED stated caregivers are instructed to tour resident rooms constantly to check if residents
16	need assistance. ED stated management team and staff were instructed to help front desk to read call
17	button alarm notification log and to call caregivers and Med Tech to help residents. ED stated the facility
18	notified residents and families the issue of call button system.
19	
20	LPA interviewed 9 facility staff. 9 Out of 9 staff stated the power outage damaged the facility call button
21	system. 9 Out of 9 staff stated the call button alarm notification are still sent to the computer and the
22	front desk staff notifies caregivers and Med Tech to help residents. 9 Out of 9 staff stated management
23	team and staff help front desk to read the call button alarm notifications and call caregivers and staff to
24	help residents.
25	
26	LPA toured 8 resident rooms and interviewed 8 residents. LPA requested the 8 residents to press the
27	call buttons and staff were observed coming in around 5 minutes. LPA interviewed 8 residents, 1 Out of
28	8 residents stated he/she yelled out and staff in the hallway came to help immediately. 2 Out of 8
29	residents stated they called front desk and staff came in to help. Both stated calling front desk for help is
30	faster than using call button to receive assistance. 5 Out of 8 residents stated staff came in to help when
31	they pressed call button.
32	
Continue on LIC9099-C. Page 2 of 3.	

SUPERVISORS NAME: Romeo Manzano	
LICENSING EVALUATOR NAME: Chihhsien Chang	
LICENSING EVALUATOR SIGNATURE:	DATE: 03/24/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 03/24/2026

LIC9099 (FAS) - (06/04) Page: 2 of 3
Control Number 26-AS-20260120143805

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
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COMPLAINT INVESTIGATION REPORT
(Cont)

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

FACILITY NAME: VILLA FONTANA

FACILITY NUMBER: 435294328

VISIT DATE: 03/24/2026

NARRATIVE

1 On 02/26/2026, LPA interviewed Assisted Living Director (ALD) and Wellness Director (WD), both stated
2 the call button system is working. LPA toured 8 resident rooms with ALD. LPA requested 8 residents to
3 press the call buttons. Staff were observed coming to help around 5 minutes and showed they received
4 radio of alarm notifications..
5
6 LPA interviewed Executive (ED). ED stated he/she still instructs front desk to notify caregivers and Med
7 Tech the call button alarm notification to make sure residents receive assistance. ED stated he/she still
8 instructs caregivers to tour resident rooms to make sure residents receive assistance. ED stated the
9 facility is still waiting the contracted maintenance company to complete the upgrade of the call button
10 system. ED stated the facility did not receive complaints from residents.
11
12 Based on the review of the email log that the facility communicate with the contracted maintenance
13 company, the facility actively requested the company to fix/repair the call button system.
14
15 The Department has investigated the above allegations. Based on the investigation, observation, and
16 interviews conducted, the Department found that the above allegation is **UNFOUNDED**, meaning that
17 the allegation is false, could not have happened and/or is without a reasonable basis.
18
19 No citations noted at today's compliant investigation visit. Exit interview conducted with Executive
20 Director (ED). This report was provided to review and for signature. A copy of this report was provided to
21 ED.
22
23
24 Page 3 of 3.

SUPERVISORS NAME: Romeo Manzano
LICENSING EVALUATOR NAME: Chihhsien Chang
LICENSING EVALUATOR SIGNATURE:

DATE: 03/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/24/2026