

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 486800368
Report Date: 08/20/2026
Date Signed: 08/20/2026 02:45:54 PM

Unfounded

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SANTA ROSA RO, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 08/14/2026 and conducted by Evaluator Star Stevenson

	COMPLAINT CONTROL NUMBER: 21-AS-20260814154905
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FACILITY NAME:	PARADISE VALLEY ESTATES	FACILITY NUMBER:	486800368
ADMINISTRATOR:	STACK, SHANNON	FACILITY TYPE:	741
ADDRESS:	2600 ESTATES DRIVE	TELEPHONE:	(707) 432-1100
CITY:	FAIRFIELD	ZIP CODE:	94533
CAPACITY:	743	DATE:	08/20/2026
		UNANNOUNCED TIME BEGAN:	09:55 AM
MET WITH:	Phyllicia Xiong-Assisted Living	TIME COMPLETED:	02:55 PM

ALLEGATION(S):

1	Personal Rights
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INVESTIGATION FINDINGS:

1	On 08/20/2026 Licensing Program Analyst (LPA) Star Stevenson arrived unannounced to conduct a
2	Personal Rights Complaint investigation recieved by Community Care Licensing (CCL) on 08/14/2026.
3	
4	LPA met with Administrator Shannon Stack and Assited Living Director Phyllicia Xiong who has
5	Designation of Facility Responsibility (RP)
6	
7	LPA made observations, obtained documents and conducted interviews.
8	
9	The above complaint was determined to be UNFOUNDED.
10	
11	A finding of unfounded means, the allegation was false, could not have happened and/or is without a
12	reasonable basis.
13	
	Report was reviewed with Responsible Party, whose signature denotes receipt.

Unfounded	Estimated Days of Completion:
SUPERVISORS NAME: Bethany Moellers LICENSING EVALUATOR NAME: Star Stevenson LICENSING EVALUATOR SIGNATURE: DATE: 08/20/2026	
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE: 	DATE: 08/20/2026