

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 486803228
Report Date: 06/16/2026
Date Signed: 06/16/2026 02:29:07 PM

Unsubstantiated

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 04/01/2026 and conducted by Evaluator Elias Magdaleno

		COMPLAINT CONTROL NUMBER: 21-AS-20260401093416	
FACILITY NAME: CRESTWOOD HOPE CENTER		FACILITY NUMBER:	486803228
ADMINISTRATOR:WALLER, VINCENT		FACILITY TYPE:	740
ADDRESS: 115 ODDSTAD DRIVE		TELEPHONE:	(707) 552-0215
CITY: VALLEJO	STATE: CA	ZIP CODE:	94589
CAPACITY: 24	CENSUS: 21	DATE:	06/16/2026
MET WITH: Lance Woodson, Administrator		UNANNOUNCED TIME BEGAN:	11:05 AM
		TIME COMPLETED:	02:45 PM

ALLEGATION(S):

1	Staff does not provide resident medications as prescribed.
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INVESTIGATION FINDINGS:

1	At approximately 11:05AM, Licensing Program Analyst (LPA) Magdaleno arrived unannounced to deliver findings regarding the above allegation and met with Adminsitrator Lance Woodson.
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4	Staff does not provide resident medications as prescribed - Reporting Party (RP) alleges that facility does
5	not dispense medications to resident (R1) as prescribed. During the course of this investigation, LPA
6	made observations, conducted interviews, and reviewed records. LPA observed residents coming to the
7	medication room to request their medications and staff dispensed the medications, if multiple residents
8	came with medication requests, they were asked to form a line and wait their turn. Interviews with four (4)
9	of four (4) staff indicated that there had been no reports from residents or other staff of residents being
10	denied medication.
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12	Continued LIC9099C...
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Victoria Bertozzi	
LICENSING EVALUATOR NAME: Elias Magdaleno	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/16/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/16/2026

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 2
Control Number 21-AS-20260401093416

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: CRESTWOOD HOPE CENTER	FACILITY NUMBER: 486803228
	VISIT DATE: 06/16/2026

NARRATIVE	
1	Continued from LIC9099...
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3	Further interviews with staff indicated that upon a PRN request from a resident, staff will ask the reason
4	for the PRN, check the requested PRN against doctor's order, and ensure the orders are followed
5	correctly. Interviews with four (4) of six (6) residents indicated that they are dispensed medications upon
6	request without incident, One (1) of six (6) residents interviewed indicated they do not have active
7	medication orders. Review of R1s Medication Chart and Active Orders for March 2026 and May 2026
8	indicated that R1 is being dispensed medications as prescribed and PRN medications are being
9	dispensed upon request. Although the allegation may have happened or is valid, there is not a
10	preponderance of evidence to prove the alleged violation did or did not occur, therefore the allegation is
11	unsubstantiated.
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13	No deficiencies cited. Exit interview conducted with Administrator, whose signature on form
14	confirms receipt.
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SUPERVISORS NAME: Victoria Bertozzi	
LICENSING EVALUATOR NAME: Elias Magdaleno	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/16/2026
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