

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 486803645
Report Date: 07/16/2026
Date Signed: 07/16/2026 03:02:35 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 04/06/2026 and conducted by Evaluator Ali Deniz

		COMPLAINT CONTROL NUMBER: 21-AS-20260406103215	
FACILITY NAME: VACAVILLE MEMORY CARE		FACILITY NUMBER:	486803645
ADMINISTRATOR: CAMILLE BROWN		FACILITY TYPE:	740
ADDRESS: 431 NUT TREE ROAD		TELEPHONE:	(707) 449-1350
CITY: VACAVILLE	STATE: CA	ZIP CODE:	95687
CAPACITY: 75	CENSUS: 48	DATE:	07/16/2026
MET WITH: Executive Director, Camille Brown		UNANNOUNCED TIME BEGAN:	11:45 AM
		TIME COMPLETED:	03:15 PM

ALLEGATION(S):

1	Staff left residents unattended.
2	Lack of staff supervision resulting in resident eloping from the facility.
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INVESTIGATION FINDINGS:

1	At approximately 09:30AM, Licensing Program Analyst (LPA) Ali Deniz arrived unannounced to continue a complaint Investigation and delivered the findings regarding the above allegations and met with Executive Director, Camille Brown.
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5	During the course of the investigation, the Department requested and reviewed documents, conducted interviews, and made observations. The following allegations were investigated, "Staff left residents unattended and Lack of staff supervision resulting in resident eloping from the facility."
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9	The complaint alleged that the facility left residents unattended and failed to provide adequate staff supervision, resulting in Resident 1 (R1) eloping from the facility during the night shift.
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11	LPA conducted an unannounced complaint investigation, interviewed the Executive Director and staff, reviewed facility records, including care notes and the incident report, and toured the facility.
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13	Continued on LIC9099-C page...

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Victoria Bertozzi	
LICENSING EVALUATOR NAME: Ali Deniz	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/16/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/16/2026

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-20260406103215

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: VACAVILLE MEMORY CARE	FACILITY NUMBER: 486803645
	VISIT DATE: 07/16/2026

NARRATIVE	
1	Continued from LIC9099 page...
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3	Interviews revealed that while the designated caregiver was on a scheduled break, a Medication
4	Technician remained in the facility to provide resident supervision. Staff reported that R1 was found
5	outside Journey House but remained within the facility's secured grounds and did not exit the locked
6	perimeter gate. The Executive Director stated that residents are permitted to access the secured
7	courtyard during the night shift and confirmed that R1 did not have a physician's order requiring one-to-
8	one supervision. LPA's review of records did not reveal any prior elopement by R1.
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10	Based on interviews, observations, and records reviewed, there is insufficient evidence to support the
11	allegation that the facility left residents unattended or that inadequate staff supervision resulted in R1
12	eloping from the facility.
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14	Therefore, this allegation is Unsubstantiated . A finding of Unsubstantiated means that although the
15	allegation may have happened or may be valid, there is not a preponderance of evidence to prove that
16	the alleged violation occurred.
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19	Exit interview conducted. Copy of report discussed and provided to Executive Director.
20	Signature on form confirms receipt of documents.
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LICENSING EVALUATOR NAME: Ali Deniz	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/16/2026
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