

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 486803806
Report Date: 03/19/2026
Date Signed: 03/19/2026 12:27:52 PM

Substantiated

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 **03/11/2026** and conducted by Evaluator Elias Magdaleno

	COMPLAINT CONTROL NUMBER: 21-AS-20260311131145
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FACILITY NAME: VILLAGE AT RANCHO SOLANO ASSISTED LIVING, THE	FACILITY NUMBER: 486803806
ADMINISTRATOR: RAMOS, MAY	FACILITY TYPE: 740
ADDRESS: 3350 CHERRY HILLS COURT	TELEPHONE: (707) 425-3588
CITY: FAIRFIELD	ZIP CODE: 94534
CAPACITY: 250	DATE: 03/19/2026
MET WITH: Jesse Sias, Regional Director of Operations	UNANNOUNCED TIME BEGAN: 12:00 PM
	TIME COMPLETED: 12:45 PM

ALLEGATION(S):

1	Unlawful Eviction
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Magdaleno arrived unannounced to deliver findings regarding the
2	above allegation and met with Regional Director of Operations, Jesse Sias.
3	
4	Unlawful Eviction – Reporting Party (RP) alleges that resident (R1) received an eviction notice that was
5	unlawful due to the explanation of eviction lacking supporting information. During the course of this
6	investigation LPA reviewed records and conducted interviews. Interviews with four (4) of four (4) staff
7	indicated that R1 has not refused care or shown aggression behaviors. Interview with management
8	indicated that R1 has started to decline and has shown trouble with medication management, however,
9	R1’s responsible party is refusing to allow for medication reassessment leading to facility being unable to
10	provide the care R1 now requires.
11	
12	Continued LIC9099C...
13	

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Victoria Bertozzi
LICENSING EVALUATOR NAME: Elias Magdaleno
LICENSING EVALUATOR SIGNATURE:

DATE: 03/19/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/19/2026

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

LIC9099 (FAS) - (06/04)

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SANTA ROSA RO, 1450 NEOTOMAS AVENUE,
STE. 100
SANTA ROSA, CA 95405

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: VILLAGE AT RANCHO SOLANO ASSISTED LIVING, THE

FACILITY NUMBER: 486803806

VISIT DATE: 03/19/2026

NARRATIVE

1 Continued from LIC9099...

2
3 Review of Termination notice indicated that the reason for R1's eviction is Title 22 regulation 87224(a)(3)
4 "Failure of the resident to comply with general policies of the facility..." but does not provide specific
5 examples or documentation that support this. Based upon evidence gathered, there is a preponderance
6 of evidence to prove that the allegation has been **SUBSTANTIATED** and is valid.

7
8 **Deficiencies are cited from the California Code of Regulations, Title 22, Division 6 of California**
9 **Regulation and the Health and Safety Code. Failure to correct the cited deficiency(ies), on or**
10 **before the Plan of Correction (POC) due date, or repeat violations within a 12-month period, may**
11 **result in a civil penalty assessment. Appeal rights were provided. See LIC9099D.**

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13 **Exit interview conducted with Regional Director of Operations, whose signature on form**
14 **confirms receipt.**

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SUPERVISORS NAME: Victoria Bertozzi
LICENSING EVALUATOR NAME: Elias Magdaleno
LICENSING EVALUATOR SIGNATURE:

DATE: 03/19/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/19/2026

LIC9099 (FAS) - (06/04)

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SANTA ROSA RO, 1450 NEOTOMAS AVENUE,

**COMPLAINT INVESTIGATION REPORT
(Cont)**

STE. 100
SANTA ROSA, CA 95405

FACILITY NAME: VILLAGE AT RANCHO SOLANO ASSISTED LIVING, THE

FACILITY NUMBER: 486803806

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/19/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 04/03/2026 Section Cited CCR 87224(d)	1 87224(d)The licensee shall set forth in 2 the notice to quit the reasons relied 3 upon for the eviction with specific facts 4 to permit determination of the date, 5 place, witnesses, and circumstances 6 concerning those reasons. 7 This requirement not met by licensee as evidenced by:	1 Licensee to reissue eviction notice 2 following cited regulation to R1 and 3 provide a copy to Community Care 4 Licensing by Plan of Correction due 5 date of 4/03/2026 by 5:00PM. 30-day 6 time period will not start until notice is 7 reissued.
	8 Resident (R1) was given an eviction 9 notice that did not provided detailed 10 information as specified in the 11 regulation cited as for the reason for 12 eviction which poses/posed a potential 13 health, safety or personal rights risk to 14 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.

SUPERVISORS NAME: Victoria Bertozzi LICENSING EVALUATOR NAME: Elias Magdaleno LICENSING EVALUATOR SIGNATURE:		DATE: 03/19/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 03/19/2026