

Department of

# SOCIAL SERVICES

## Community Care Licensing

# COMPLAINT INVESTIGATION REPORT

Facility Number: 486804218

Report Date: 10/20/2025

Date Signed: 10/20/2025 10:59:35 AM

## Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/29/2025** and conducted by Evaluator Jill Nakagawa

	<b>COMPLAINT CONTROL NUMBER: 21-AS-20250829132931</b>
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<b>FACILITY NAME:</b> SOLANO LIFE HOUSE ASSISTED LIVING & MEMORY CARE	<b>FACILITY NUMBER:</b> 486804218
<b>ADMINISTRATOR:</b> FELIX, MARY	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 575 S JEFFERSON ST	<b>TELEPHONE:</b> (707) 678-1651
<b>CITY:</b> DIXON	<b>ZIP CODE:</b> 95620
<b>CAPACITY:</b> 38	<b>DATE:</b> 10/20/2025
<b>MET WITH:</b> Mary Felix, Administrator	<b>UNANNOUNCED TIME BEGAN:</b> 10:00 AM
	<b>TIME COMPLETED:</b> 11:00 AM

### ALLEGATION(S):

1	Personal Rights
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### INVESTIGATION FINDINGS:

1	On October 20, 2025, LPA Nakagawa arrived at the facility to conclude the investigation and deliver findings regarding the above allegation. LPA met with administrator Mary Felix to discuss.
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4	The complaint alleges that the resident's personal rights were violated. The reporting party stated that the resident (R1) claimed that staff members would watch R1 and R2 have sex and then mock them. LPA met with R1 who stated that this took place some time ago and could not remember a date or time and would not name the staff that were involved. LPA tried to interview R2 but R2's health condition made communication difficult at the time of visit. It was reported by staff that R1 and R2 are roommates but R2 is on 30 minute checks due to health conditions/being a high fall risk.
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10	(Continued on 9099-C)
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<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Kimberley Mota  
**LICENSING EVALUATOR NAME:** Jill Nakagawa  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 10/20/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 10/20/2025

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-20250829132931**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** SOLANO LIFE HOUSE ASSISTED LIVING & MEMORY CARE

**FACILITY NUMBER:** 486804218

**VISIT DATE:** 10/20/2025

### NARRATIVE

1 (Continued from 9099)  
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4 Staff (S1) stated that it may be that R1 thinks that staff are invading their privacy but it is on the care plan to check  
5 on the health and welfare of R2 every 30 minutes. LPA was informed that staff knock before entering the room  
6 and announce who they are. No one has ever said "don't come in" or "go away". In addition, R2 cannot get in  
7 and out of bed without staff assistance and has incontinence issues.

8 LPA has talked with the family member (FM1) of R1. FM1 stated that R1 has a habit of making false statements  
9 involving staff mistreating R1 and calling 911 unnecessarily; making false claims and allegations at multiple  
10 facilities that R1 was residing, without cause or evidence.

11 LPA also interviewed staff who stated that they were not aware of any staff members carrying on in  
12 that manner; violating residents' personal rights. Due to a lack of corroborating evidence the allegation that staff  
13 have violated resident's personal rights is unsubstantiated. Although the allegation may have occurred there is not  
14 a preponderance of evidence therefore the allegation that personal rights have been violated is  
15 UNSUBSTANTIATED.  
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**SUPERVISORS NAME:** Kimberley Mota  
**LICENSING EVALUATOR NAME:** Jill Nakagawa  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 10/20/2025

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**DATE:** 10/20/2025

LIC9099 (FAS) - (06/04)

Page: 2 of 2