

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 496802026
Report Date: 07/01/2025
Date Signed: 07/01/2025 01:23:08 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 **04/07/2025** and conducted by Evaluator Dina Alviso

PUBLIC	COMPLAINT CONTROL NUMBER: 21-AS-20250407104217
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FACILITY NAME: VILLA CAPRI	FACILITY NUMBER: 496802026
ADMINISTRATOR: CORTES, MARIA	FACILITY TYPE: 740
ADDRESS: 1397 FOUNTAINGROVE PKWY	TELEPHONE: (707) 526-9090
CITY: SANTA ROSA	STATE: CA
CAPACITY: 80	ZIP CODE: 95403
MET WITH: Maria Cortes-Administrator	CENSUS: UNANNOUNCED
	DATE: 07/01/2025
	TIME BEGAN: 10:20 AM
	TIME COMPLETED: 01:35 PM

ALLEGATION(S):

1	Facility staff are not providing resident's medication dosage as prescribed
2	Facility staff have not requested required medication refills
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Alviso conducted a complaint inspection, on 7/1/2025 at approximately
2	10:20am, and met with Administrator Maria Cortes.
3	
4	Reporting party alleges that facility staff are not providing resident's medication dosage as prescribed,
5	and facility staff have not requested required medication refills. The LPA conducted interviews with staff,
6	S1, S2, and interviews with other related parties regarding allegations.
7	
8	LPA reviewed R1's records. including care plan, medical assessment, medication records, including eye
9	drop medication records, medical documentation/appointment records, and admission documents.
10	
11	The investigation revealed that resident R1's medications have been provided to R1 as prescribed, and
12	ordered by the Physician, per review of records and staff interviews.
13	Continued on LIC9099C..

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Bethany Moellers

NAME OF LICENSING PROGRAM ANALYST: Dina Alviso

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/01/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/01/2025

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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Control Number 21-AS-20250407104217

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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: VILLA CAPRI

FACILITY NUMBER: 496802026

VISIT DATE: 07/01/2025

NARRATIVE

- 1 The medication refills for R1 have been provided to the facility as required by care plan agreements, and
- 2 recorded as received by facility staff, per medication record reviews. There was differing information
- 3 obtained during the investigation regarding allegations; There was no information obtained to support
- 4 that violations had occurred.
- 5
- 6 Based on the interviews, record/document reviews, and related information obtained during the
- 7 investigation, the allegation "facility staff are not providing resident's medication dosage as prescribed,
- 8 and facility staff have not requested required medication refills" are Unsubstantiated, meaning that
- 9 although the allegations may have happened or are valid, there is not a preponderance of evidence to
- 10 prove the alleged violations did or did not occur.
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- 12 No deficiencies cited.
- 13 Exit interview was conducted with the Administrator Maria Cortes.
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NAME OF LICENSING PROGRAM MANAGER: Bethany Moellers

NAME OF LICENSING PROGRAM ANALYST: Dina Alviso

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/01/2025

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