

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 496802026
Report Date: 07/02/2026
Date Signed: 07/02/2026 03:10:28 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 04/16/2026 and conducted by Evaluator Christi Coppo

	COMPLAINT CONTROL NUMBER: 21-AS-20260416084717
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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	ZIP CODE:	95403
CAPACITY:	80	DATE:	07/02/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	12:20 PM
	CENSUS:	TIME	03:25 PM
MET WITH:	Brooke Patterson, Administrator	COMPLETED:	

ALLEGATION(S):

1	Staff did not follow the doctor's orders for resident in care
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Christi Coppo arrived at this facility unannounced, to deliver findings on the above allegation. LPA met with Administrator Brooke Patterson.
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4	Complaint alleges staff did not follow the doctor's orders for resident in care. Complainant states that
5	resident was prescribed fentanyl patches for end-of-life comfort care but facility denied resident use of
6	patches. During investigation, LPA conducted interview with facility's corporate RN nurse, Kari Miller (RN)
7	who reported that as of February 2026, she developed a "RCFE Hospice Coordination Checklist for
8	Administrators," which states in bold font that fentanyl patches are not allowed for pain management. Per
9	interview with RN, the facility has not provided any disclosure to prospective residents or current
10	residents indicating the no fentanyl patches policy and does not currently have a written policy disclosing
11	to residents the denial of fentanyl patches used for comfort care.
12	
13	Continued on 9099C...

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Victoria Bertozzi	
LICENSING EVALUATOR NAME: Christi Coppo	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/02/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/02/2026

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 3
Control Number 21-AS-20260416084717

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: VILLA CAPRI	FACILITY NUMBER: 496802026
	VISIT DATE: 07/02/2026

NARRATIVE	
1	Continued from 9099...
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3	During investigation, LPA conducted interviews. Three (3) out of three (3) witnesses report that R1 was
4	denied use of fentanyl patches by RN. Per interview, after prolonged discussion with R1's physician, RN
5	eventually approved the use of the patches for R1. Fentanyl patches were prescribed to R1 for comfort
6	care on 3/19/26 at 11:36am and according to Villa Capri Observations notes were administered at
7	10:03pm. Additionally, three (3) out of three (3) witnesses report subsequent resident (R2) was
8	prescribed comfort care fentanyl patches and was also denied the use of the patches. Based on LPA's
9	interviews and record review, the preponderance of evidence standard has been met, therefore the
10	above allegation is found to be SUBSTANTIATED. California Code of Regulations, Title 22, Division 6
11	Chapter 8, are being cited on the attached 9099D.
12	
13	Deficiencies cited from the California Code of Regulations, Title 22, Division 6 of California
14	Regulation and the Health and Safety Code. Appeal rights given. Failure to correct the deficiency
15	and/or repeat deficiencies within a 12 month period may result in civil penalties. Exit interview
16	conducted with Administrator and a copy of this report was given.
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LIC9099 (FAS) - (06/04) Page: 2 of 3
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**COMPLAINT INVESTIGATION REPORT
(Cont)**

STE. 100
SANTA ROSA, CA 95405

FACILITY NAME: VILLA CAPRI

FACILITY NUMBER: 496802026

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/02/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type A 07/03/2026 Section Cited CCR 87465(a)(2)	1 2 3 4 5 6 7	87465 Incidental Medical and Dental Care (a) A plan for incidental medical and dental care shall be developed by each facility... (2) The licensee shall provide assistance in meeting necessary medical and dental needs. This requirement is not met as evidenced by:	1 2 3 4 5 6 7	Facility to submit written policy indicating how the facility will meet the requirements of following physicians' medication orders to meet the necessary medical needs of residents.
	8 9 10 11 12 13 14	Based on LPA interview and record review, the licensee did not comply with the section cited above in that facility refused to adminster R1's physician prescribed medication which poses an immediate health, safety or personal rights risk to persons in care.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

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