

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# COMPLAINT INVESTIGATION REPORT

Facility Number: 496803049  
Report Date: 02/10/2021  
Date Signed: 02/25/2021 06:56:21 PM

**Unfounded**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/05/2021** and conducted by Evaluator Jennifer Walden

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 21-AS-20210105092624</b>
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<b>FACILITY NAME:</b> VARENNA AT FOUNTAINGROVE	<b>FACILITY NUMBER:</b> 496803049
<b>ADMINISTRATOR:</b> BUOT, FERDINAND	<b>FACILITY TYPE:</b> 741
<b>ADDRESS:</b> 1401 FOUNTAINGROVE PKWY	<b>TELEPHONE:</b> (707) 526-1226
<b>CITY:</b> SANTA ROSA	<b>STATE:</b> CA
<b>CAPACITY:</b> 322	<b>ZIP CODE:</b> 95403
<b>MET WITH:</b>	<b>CENSUS:</b> ANNOUNCED
	<b>DATE:</b> 02/10/2021
	<b>TIME BEGAN:</b> 03:07 PM
	<b>TIME COMPLETED:</b> 03:08 PM

**ALLEGATION(S):**

1	Providers included factors not allowed by statues for increasing the monthly care fee
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**INVESTIGATION FINDINGS:**

1	As part of its investigation the Department reviewed the following information:
2	<input type="checkbox"/> The resident complaint;
3	<input type="checkbox"/> The Certificate of Authority (COA) to identify the providers and the operating agreements of the
4	providers;
5	<input type="checkbox"/> Varena projected costs for 2021 as set out in Varena's power point presentation to the residents;
6	<input type="checkbox"/> Varena's explanation of the methodology, calculation and financial data used for monthly care fee
7	increases for the budget year 2021; and
8	<input type="checkbox"/> The audited financial statements of Varena at Fountaingrove, LLC, the parent of Varena, LLC, for
9	the year 2019.
10	In addition, the Department interviewed:
11	<input type="checkbox"/> Keith Fitzsimmons, Chief Financial Officer of Gallaher Companies, Oakmont Senior Living, Varena at
12	Fountaingrove, LLC, and Varena to gather information and accounting records related to Varena's
13	2021 budget including the basis for the planned monthly care fee increases.
	<input type="checkbox"/> The complaining parties.

**Unfounded**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Allison Nakatomi  
**NAME OF LICENSING PROGRAM ANALYST:** Jennifer Walden  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 02/10/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/10/2021

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-20210105092624

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 101 GOLF COURSE DR.  
STE. A-230  
ROHNERT PARK, CA 94928

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** VARENNA AT FOUNTAINGROVE

**FACILITY NUMBER:** 496803049

**VISIT DATE:** 02/10/2021

### NARRATIVE

1 Oakmont Senior Living (OSL), Varenna at Fountaingrove, LLC, and Varenna jointly hold the certificate of  
2 authority for the community. OSL is the managing member of Varenna at Fountaingrove, LLC, which is  
3 in turn the managing member of Varenna, LLC. All three are required to maintain accounting and  
4 reporting systems in accordance with Generally Accepted Accounting Principles.

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6 The Department's review determined that the legal fees, settlements and fines referenced above were  
7 included in Varenna, LLC's profit and loss for the fiscal year ending December 2020 as operating costs,  
8 but they were not included in the calculation of the monthly care fee increase and were not passed  
9 through to the residents. This is clear from the presentation to the residents and from clarification the  
10 Department has received from Mr. Fitzsimmons. These costs were simply taken as losses by ownership.

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12 Because the costs in question were not considered in the calculation of monthly care fees, the complaint  
13 is UNFOUNDED.

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**NAME OF LICENSING PROGRAM MANAGER:** Allison Nakatomi  
**NAME OF LICENSING PROGRAM ANALYST:** Jennifer Walden  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 02/10/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/10/2021

LIC9099 (FAS) - (06/04)

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