

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 496803049
Report Date: 08/04/2026
Date Signed: 08/04/2026 06:08:10 PM

Unfounded

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 **01/30/2026** and conducted by Evaluator Dina Alviso

PUBLIC	COMPLAINT CONTROL NUMBER: 21-AS-20260130125255
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FACILITY NAME:	VARENNAAT FOUNTAINGROVE	FACILITY NUMBER:	496803049
ADMINISTRATOR:	BUOT, FERDINAND	FACILITY TYPE:	741
ADDRESS:	1401 FOUNTAINGROVE PKWY	TELEPHONE:	(707) 526-1226
CITY:	SANTA ROSA	ZIP CODE:	95403
CAPACITY:	322	DATE:	08/04/2026
	STATE: CA	TIME BEGAN:	10:00 AM
	CENSUS: UNANNOUNCED	TIME COMPLETED:	06:00 PM
MET WITH:	Brooke Patterson-Administrator		

ALLEGATION(S):

1	Staff did not allow resident to contract private care services
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Alviso conducted a complaint visit, on 8/4/26, and met with Brooke Patterson, Administrator, and Derrick Defino,Executive Director.
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4	Reporting party alleges "staff did not allow resident to contract private care services".
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6	LPA reviewed resident (R1) records, including their admission agreement/contract. The LPA requested copies of resident records, and the Administration staff provided the copies to the LPA. LPA reviewed facility records, and obtained requested copies. LPA conducted interviews with staff, and other related parties regarding the alleged allegation.
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11	The investigation revealed that per R1's contract, Section 4.10, Private Caregivers and Companions-
12	In the event you require private duty care for a short term illness or injury, you must first make this request known to Varenna management.
13	Continued on LIC9099....

Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Bethany Moellers	
LICENSING EVALUATOR NAME: Dina Alviso	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/04/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/04/2026

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 2
Control Number 21-AS-20260130125255

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: VARENNA AT FOUNTAINGROVE	FACILITY NUMBER: 496803049
	VISIT DATE: 08/04/2026

NARRATIVE	
1	If Varenna is unable to provide the necessary private duty personnel, then you may hire a private
2	caregiver or companion if they: (1) first register with Varenna and provide proof of licensure and liability
3	insurance; and (2) comply with all of Varenna's policies and procedures for private caregivers and
4	companions. Registration with Varenna is not an endorsement of the private caregivers or companions
5	by Varenna. You shall select such personnel in your discretion and pay for their services.
6	
7	Record review of, Facility Policy regarding personal care attendants revealed, "Personal Care
8	Attendants- Residents who desire to use a personal care attendant for extended periods of time may do
9	so with prior approval of the Administrator." Procedure #2 of this Policy states, " Personal Care
10	Attendants from outside agencies may be used if approved by the Administrator. The agency shall
11	ensure a criminal clearance on all staff, health screening, appropriate insurance including liability and
12	workers compensation, proof of appropriate employer tax obligations, including but not limited to
13	withholding of state and federal taxes, payment of disability and unemployment insurance. All
14	appropriate labor laws are to be followed and the personal care attendant supervised by an agency
15	administrator familiar with this assisted living community operations".
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17	Information obtained from resident's (R1's) contract regarding "Private Caregivers and Companions" in
18	section 4.10, and from facility's policy regarding "Personal Care Attendants", did not support that a
19	violation had occurred regarding the alleged allegation "staff did not allow resident to contract private
20	care services".
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22	Based on the investigation, the allegation is Unfounded. We have found that the complaint allegation
23	was unfounded, meaning that the allegation was false, could not have happened and/or is without a
24	reasonable basis.
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26	No deficiencies cited.
27	Exit interview was conducted with Administrator Brooke Patterson, and Executive Director Derrick
28	Defino. Report provided to Administrator.
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LICENSING EVALUATOR NAME: Dina Alviso	
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