

# Department of SOCIAL SERVICES

*Community Care Licensing*

## COMPLAINT INVESTIGATION REPORT

Facility Number: 496804113  
Report Date: 11/10/2025  
Date Signed: 11/10/2025 04:32:51 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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/16/2025** and conducted by Evaluator Dina Alviso

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 21-AS-20250616083546</b>
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<b>FACILITY NAME:</b> FOUNTAINGROVE LODGE	<b>FACILITY NUMBER:</b> 496804113
<b>ADMINISTRATOR:</b> LEONE, MEGAN E.	<b>FACILITY TYPE:</b> 741
<b>ADDRESS:</b> 4210 THOMAS LAKE HARRIS DRIVE	<b>TELEPHONE:</b> (707) 576-1101
<b>CITY:</b> SANTA ROSA	<b>STATE:</b> CA
<b>CAPACITY:</b> 173	<b>ZIP CODE:</b> 95403
<b>MET WITH:</b> Megan Leone-Administrator	<b>CENSUS:</b> UNANNOUNCED
	<b>DATE:</b> 11/10/2025
	<b>TIME BEGAN:</b> 09:40 AM
	<b>TIME COMPLETED:</b> 04:50 PM

### ALLEGATION(S):

1	Failure to meet statutory requirements for budget process.
2	Failure to respond to resident association timely.
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### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Alviso conducted a complaint inspection, on 11/10/25 at approximately
2	9:40am, and met with Administrator Megan Leone.
3	
4	Reporting party alleges "failure to meet statutory requirements for budget process," and "failure to
5	respond to resident association timely."
6	
7	The Department conducted facility record reviews, reviewed zoom recordings, conducted interviews with
8	staff, and other related parties regarding the allegations. The investigation revealed that The Department
9	reviewed documentation relevant to the allegation, "failure to meet statutory requirements for budget
10	process," and found that on January 30, 2025, the Semi-Annual Meeting – Budget was scheduled for
11	2pm and the budget that was to be reviewed at the meeting was provided to residents at 11:22am the
12	same day as the meeting.
13	Continued on LIC9099C..

<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Bethany Moellers  
**LICENSING EVALUATOR NAME:** Dina Alviso  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 11/10/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/10/2025

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-20250616083546**

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 (Cont)

**FACILITY NAME:** FOUNTAINGROVE LODGE

**FACILITY NUMBER:** 496804113

**VISIT DATE:** 11/10/2025

### NARRATIVE

1 During this meeting it was announced to residents that the 6% monthly care fee increase (MCFI) would  
2 be implemented on April 30, 2025. This information supported that a violation had occurred.  
3  
4 The allegation is found to be substantiated; The provider failed to make available to residents the budget  
5 for the upcoming year 14 days prior to the meeting, the budget was provided to residents less than 3  
6 hours prior to the meeting.  
7  
8 This deficiency will be cited, Pursuant to Health and Safety Code (HSC) section 1771.8(d), At least 14  
9 days prior to the meeting to discuss an increase in the monthly care fee, the provider shall make  
10 available to each resident or resident household comparative data showing the budget for the upcoming  
11 year, the current year's budget, and actual and projected expenses for the current year, and a copy shall  
12 be posted in a conspicuous location at each facility, see LIC9099D.  
13  
14 A technical violation for HSC section 1771.8(e) is also being noted as the provider made changes to the  
15 materials being presented the day of the meeting, violating the requirement to make available to  
16 residents of the continuing care retirement community upon request the agenda and accompanying  
17 materials at least seven days prior to the meeting. The materials provided to the Resident  
18 Council/Finance Committee (RC/FC) were changed less than seven days prior to the meeting.  
19  
20  
21 The Department reviewed documentation, Zoom recordings, and conducted interviews relevant to the  
22 allegation, "failure to response to resident association timely." Emails from the RC/FC to the Executive  
23 Director (ED) and another Oakmont Management member (S1) with questions requesting responses  
24 were sent on numerous dates (January 14, 16, 2025, and February 24, 2025) with no follow-up  
25 responses provided. Additionally, during the Semi-Annual Meeting – Budget on January 30, 2025,  
26 residents asked multiple questions and were told they would have a response in writing within 7 days,  
27 documents provided do not show that this promise was delivered upon, nor were any written responses  
28 outside of an "Occupancy & Care Breakdown" provided as follow ups to residents' questions.  
29 Additionally, the ED did admit that sometimes responses are given verbally to questions and there is no  
30 follow-up in writing. Information obtained supports that a violation occurred.  
31  
32 Continued on LIC9099C..

**SUPERVISORS NAME:** Bethany Moellers  
**LICENSING EVALUATOR NAME:** Dina Alviso  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 11/10/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/10/2025

LIC9099 (FAS) - (06/04)

Page: 2 of 7

**Control Number 21-AS-20250616083546**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
SANTA ROSA RO, 1450 NEOTOMAS AVENUE,

**COMPLAINT INVESTIGATION REPORT  
(Cont)**

STE. 100  
SANTA ROSA, CA 95405

**FACILITY NAME:** FOUNTAINGROVE LODGE

**FACILITY NUMBER:** 496804113

**VISIT DATE:** 11/10/2025

**NARRATIVE**

1 Due to this information, the allegation is found to be substantiated. The management failed to provide a  
 2 written response to the RC/FC's written requests and concerns.  
 3  
 4 This deficiency will be cited, Pursuant to HSC section 1771.7(d)(1)(d) A continuing care retirement  
 5 community shall maintain an environment that enhances the residents' self-determination and  
 6 independence. The provider shall do both of the following: (1) The management shall respond, in  
 7 writing, to a written request or concern of the resident association within 20 working days of receiving  
 8 the written request or concern, see LIC9099D.  
 9  
 10 A technical violation of HSC section 1569.157(c) is also being noted. Fountaingrove Lodge is both a  
 11 Continuing Care Retirement Community and a Residential Care Facility for the Elderly and thus must  
 12 also follow the requirement in HSC 1569.157(c) that states, If a resident council submits written  
 13 concerns or recommendations, the facility shall respond in writing regarding any action or inaction taken  
 14 in response to those concerns or recommendations within 14 calendar days.  
 15  
 16 **There was sufficient information obtained to support violations had occurred regarding the**  
 17 **allegations, "failure to meet statutory requirements for budget process" and "failure to respond**  
 18 **to resident association timely." The preponderance of evidence standard has been met, therefore**  
 19 **the allegation is found to be SUBSTANTIATED. California Code of Regulations, (Title 22, Division**  
 20 **6, Chapter 8) and Health & Safety Code (HSC) is being cited.**  
 21  
 22  
 23  
 24  
 25 **Failure to correct deficiencies by due dates, may result in additional deficiency citations and/or**  
 26 **civil penalties being assessed.**  
 27 **Exit interview conducted with Administrator Megan Leone.**  
 28 **Appeal Rights Provided.**  
 29  
 30  
 31  
 32

**SUPERVISORS NAME:** Bethany Moellers  
**LICENSING EVALUATOR NAME:** Dina Alviso  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_ **DATE:** 11/10/2025

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  
**COMPLAINT INVESTIGATION REPORT  
(Cont)**

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

**FACILITY NAME:** FOUNTAINGROVE LODGE

**FACILITY NUMBER:** 496804113

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 11/10/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 11/24/2025 Section Cited HSC 1771.8(d)	1 HSC1771.8(d)- At least 14 days prior to 2 the meeting to discuss an increase in 3 the monthly care fee, the provider shall 4 make available to each resident or 5 resident household comparative data showing the budget for the upcoming	1 Licensee/Administrator to ensure that 2 they make available to residents' all 3 "required" budget information, including 4 budget information for the upcoming 5 year, "14 days prior to the meeting" with residents regarding the facility budget.

	6 7	year, the current year's budget, and actual and projected expenses for the current year, and a copy shall be posted in a conspicuous location at each facility,	6 7	
	8 9 10 11 12 13 14	This requirement was not met as evidenced by: Department's investigation found the provider failed to make available to residents the budget for the upcoming year 14 days prior to the meeting, the budget was provided to residents less than 3 hours prior to the meeting. This a risk to residents' personal rights.	8 9 10 11 12 13 14	Please submit a written plan in ensuring future compliance with this HSC requirement. POC due 11/24/2025.
Type B 11/24/2025 Section Cited HSC 1771.7(d)(1)(d)	1 2 3 4 5 6 7	HSC1771.7(d)(1)(d) A continuing care retirement community shall maintain an environment that enhances the residents' self-determination and independence. The provider shall do both of the following: (1) The management shall respond, in writing, to a written request or concern of the resident association within 20 working days of receiving the written request or concern,	1 2 3 4 5 6 7	Licensee to ensure that they respond in writing, to a written request or concern of the resident association within 20 working days of receiving the written request or concern as required. Please submit a written plan in ensuring future compliance with this HSC requirement. POC due 11/24/2025.
	8 9 10 11 12 13 14	This requirement was not met as evidenced by: Department Investigation found the management failed to provide a written response to the RC/FC's written requests and concerns as required by HSC. This is a risk to residents' personal rights.	8 9 10 11 12 13 14	

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

<b>SUPERVISORS NAME:</b> Bethany Moellers	
<b>LICENSING EVALUATOR NAME:</b> Dina Alviso	
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 11/10/2025
<b>I acknowledge receipt of this form and understand my appeal rights as explained and received.</b>	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 11/10/2025

LIC9099 (FAS) - (06/04) Page: 4 of 7

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
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<b>ADMINISTRATOR:</b> LEONE, MEGAN E.	<b>FACILITY TYPE:</b> 741
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<b>CAPACITY:</b> 173	<b>ZIP CODE:</b> 95403
<b>MET WITH:</b> Megan Leone-Administrator	<b>DATE:</b> 11/10/2025
	<b>UNANNOUNCED TIME BEGAN:</b> 09:40 AM
	<b>TIME COMPLETED:</b> 04:50 PM

- ALLEGATION(S):**
- 1 Facility has broken Watt Stoppers that have not functioned for multiple years.
  - 2 Failure to provide adequate justification for monthly fee increase.
  - 3 Failure to file and post required reports timely.

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**INVESTIGATION FINDINGS:**

1 Licensing Program Analyst (LPA) Alviso conducted a complaint inspection, on 11/10/25 at approximately  
 2 9:40am, and met with Administrator Megan Leone.  
 3  
 4 Reporting party alleges "facility has broken Watt Stoppers that have not functioned for multiple years",  
 5 "failure to provide adequate justification for monthly fee increase", and "failure to file and post required  
 6 reports timely."  
 7  
 8 The Department conducted facility record reviews, reviewed zoom recordings, conducted interviews with  
 9 staff, and other related parties regarding the allegations. The investigation revealed that the facility watt  
 10 stoppers are not broken, they do still work and function as they are supposed to, but the current watt  
 11 stopper system doesn't have the capability for dimming the light system as it did years ago, due to the  
 12 current power usage of the large residential community. The facility has lighting as needed, including in  
 13 all hallways, bathrooms, all units, and common areas as required. The facility outside parking area, and  
 parking garages all have lighting as needed. For dimming capability the watt stopper system would need  
 to be upgraded, which former licensee had stated future plans to do so.  
 Continued on LIC9099C...

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Bethany Moellers  
**LICENSING EVALUATOR NAME:** Dina Alviso  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_ **DATE:** 11/10/2025

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SANTA ROSA RO, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
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**FACILITY NAME:** FOUNTAINGROVE LODGE **FACILITY NUMBER:** 496804113  
**VISIT DATE:** 11/10/2025

**NARRATIVE**

1 The facility went through a change of ownership, and the former licensee is no longer here. The current  
 2 licensee did not agree to upgrading the watt stopper system in any agreed upon time frame when  
 3 purchasing the building/facility, and when applying for a change of ownership application as agreed  
 4 upon with former licensee. Per interviews with staff, S1, and provided documentation by S1, the current  
 5 information is the watt stopper system is on the list stating that Oakmont Management Group, and  
 6 Fountaingrove Lodge are coordinating to have this project completed, in 2026. Investigation found that  
 7 the watt stoppers do work, they no longer have a dimming feature, per interviews, and review of  
 8 documentation.  
 9 There was no information obtained to suport that a violation occurred regarding "facility has broken Watt  
 10 Stoppers that have not functioned for multiple years."  
 11 The Department reviewed documentation, Zoom recordings, and conducted interviews relevant to the  
 12 allegation, "failure to provide adequate justification for monthly fee increase." On January 23, 2025, an  
 13 email was sent to residents announcing the 2025 Annual Budget and the upcoming Annual Budget  
 14 meeting on January 30, 2025.  
 15  
 16 The PowerPoint Presentation from the meeting on January 30, 2025, was reviewed, and while the  
 17 documents reviewed do have a projected revenue growth of 5.9%, and the monthly care fee increase  
 18 (MCFI) is 6%, HSC section 1788(a)(22) states that the factors for the increase must be based on  
 19 projected costs, prior year per capita costs, and economic indicators, which were made evident in the  
 20 budget presentation. The budget presentation included the 2024 budget vs the actual budget, projected  
 21 costs for 2025, which included operating expenses such as: culinary expenses, care expenses,  
 22

23 housekeeping expenses, etc., as well as economic indicators, which included rate of inflation and CPI, it  
24 appears that the MCFI factors that were provided in the presentation are in compliance with the statute.  
25  
26 While there was confusion surrounding the memory care unit commonly referred to as, "The Terraces,"  
27 being included in the budget, The Terraces are part of Fountaingrove Lodge and are one entity being  
28 recorded on one financial statement.  
29  
30 Continued on LIC9099C..  
31  
32

**SUPERVISORS NAME:** Bethany Moellers  
**LICENSING EVALUATOR NAME:** Dina Alviso  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_ **DATE:** 11/10/2025

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LIC9099 (FAS) - (06/04) Page: 6 of 7  
**Control Number 21-AS-20250616083546**

<b>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</b>  <b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	<b>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES</b> <b>COMMUNITY CARE LICENSING DIVISION</b> SANTA ROSA RO, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
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**FACILITY NAME:** FOUNTAINGROVE LODGE **FACILITY NUMBER:** 496804113  
**VISIT DATE:** 11/10/2025

**NARRATIVE**

1 The Department reviewed documentation, Zoom recordings, and conducted interviews relevant to the  
2 allegation, "failure to file and post required reports timely". It was alleged that the annual reports were  
3 not posted and filed timely. During the January 30, 2025, meeting, the ED did confirm that a late fee was  
4 paid for filing the 2023 Fiscal Year (FY) Annual Report late. Additionally, documents reviewed revealed  
5 that the provider requested and was granted an extension for the 2024 FY Annual Report.  
6  
7 Fountaingrove Lodge's Annual Report is due April 30<sup>th</sup> of each year and has been submitted late the  
8 last two years, however, the appropriate late fee was paid in 2023, and an extension was requested and  
9 granted in 2024. When reviewing the community's website, the Annual Report was easily located, and  
10 interviews revealed that it is available within the community and by request.  
11  
12 There was no information obtained to support that violations had occurred regarding "facility has broken  
13 Watt Stoppers that have not functioned for multiple years", "failure to provide adequate justification for  
14 monthly fee increase", and "failure to file and post required reports timely."  
15  
16  
17  
18  
19 **Due to this information the Department finds these allegations to be UNSUBSTANTIATED – a**  
20 **finding of unsubstantiated means that although the allegations may have happened or is valid,**  
21 **there is not a preponderance of the evidence to prove that the alleged violations occurred.**  
22  
23 **No deficiencies cited.**  
24  
25 **Exit interview conducted with Administrator Megan Leone.**  
26  
27  
28  
29  
30  
31  
32

**SUPERVISORS NAME:** Bethany Moellers  
**LICENSING EVALUATOR NAME:** Dina Alviso  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_ **DATE:** 11/10/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/10/2025