

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 496804150

Report Date: 03/13/2026

Date Signed: 03/13/2026 10:53:22 AM

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 **02/20/2026** and conducted by Evaluator Christopher Arnhold

	COMPLAINT CONTROL NUMBER: 21-AS-20260220132139
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FACILITY NAME: WINDSONG OF SONOMA	FACILITY NUMBER: 496804150
ADMINISTRATOR: JOHN BELTZ	FACILITY TYPE: 740
ADDRESS: 815 WOOD SORREL DRIVE	TELEPHONE: (707) 776-2885
CITY: PETALUMA	ZIP CODE: 94954
CAPACITY: 95	DATE: 03/13/2026
MET WITH: Alicia Dixon	UNANNOUNCED TIME BEGAN: 08:45 AM
	TIME COMPLETED: 11:10 AM

ALLEGATION(S):

1	Staff did not provide resident with reappraisal
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INVESTIGATION FINDINGS:

1	At approximately 8:45AM, Licensing Program Analyst (LPA) Chris Arnhold arrived at this facility
2	unannounced, to conduct an investigation into the above allegation. LPA met with Resident Care Director
3	Alicia Dixon, reviewed records and interviewed staff. Based on a review of documents and interviews
4	conducted, LPA found the facility did not provide resident with a reappraisal or provide residents
5	responsible party written notification within two days of increasing residents care costs. Facility
6	implemented a one on one caregiver on 12/05/2025, and conducted a meeting with responsible party on
7	12/9/2025. There was no documented evidence of this meeting until 01/29/2026. On 01/29/2026, a care
8	conference was conducted with responsible party and an updated appraisal was provided.
9	Documentation for that meeting referenced the meeting on 12/09/2025. Facility increased R1's care
10	services but did not provide responsible party with written notification, to include the itemized cost of
11	care, within two days.
12	Based on the Department's investigation, the preponderance of evidence standard has been met,
13	therefore the above allegation is found to be SUBSTANTIATED.
	Deficiencies are cited from the California Code of Regulations (CCRs), and/or the Health and Safety Code. Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date,

may result in a civil penalty assessment. This report was reviewed with Alicia Dixon and Appeal rights were given.

Substantiated

Estimated Days of Completion:

SUPERVISORS NAME: Kimberley Mota
LICENSING EVALUATOR NAME: Christopher Arnhold
LICENSING EVALUATOR SIGNATURE:

DATE: 03/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/13/2026

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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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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FACILITY NUMBER: 496804150

ADMINISTRATOR: JOHN BELTZ

FACILITY TYPE: 740

ADDRESS: 815 WOOD SORREL DRIVE

TELEPHONE: (707) 776-2885

CITY: PETALUMA

STATE: CA

ZIP CODE: 94954

CAPACITY: 95

CENSUS:

DATE: 03/13/2026

MET WITH: Alicia Dixon

UNANNOUNCED TIME BEGAN:

08:45 AM

TIME

COMPLETED:

11:10 AM

ALLEGATION(S):

1 Staff did not communicate with resident's responsible person regarding resident's care

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INVESTIGATION FINDINGS:

1 At approximately 8:45AM, Licensing Program Analyst (LPA) Chris Arnhold arrived at this facility
2 unannounced, to open an investigation into the above allegations. LPA met with Resident Care Director
3 Alicia Dixon, reviewed records and interviewed staff. Based on a review of records and interviews
4 conducted, LPA found the facility did communicate with Residents responsible party regarding care
5 concerns with R1. Facility contacted responsible party regarding some behavioral episodes, but did not
6 provide written communication. A care conference was conducted on 12/9/2025 to discuss recent
7 behaviors and another care conference was held on 01/29/2026 with an updated appraisal provided to
8 responsible party.

10 Although the allegation may have happened or is valid, there is not a preponderance of evidence to
11 prove the alleged violation did or did not occur, therefore the allegation is Unsubstantiated.

12

13

Unsubstantiated

Estimated Days of Completion:

SUPERVISORS NAME: Kimberley Mota
LICENSING EVALUATOR NAME: Christopher Arnhold
LICENSING EVALUATOR SIGNATURE:

DATE: 03/13/2026

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LIC9099 (FAS) - (06/04)

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Control Number 21-AS-20260220132139

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COMMUNITY CARE LICENSING DIVISION
SANTA ROSA RO, 1450 NEOTOMAS AVENUE,
STE. 100
SANTA ROSA, CA 95405

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: WINDSONG OF SONOMA

FACILITY NUMBER: 496804150

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/13/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/27/2026 Section Cited HSC 1569.657(a)	1 (a) For any rate increase due to a 2 change in the level of care of the 3 resident, the licensee shall provide the 4 resident and the resident's 5 representative, if any, written notice of 6 the rate increase within two business 7 days after initially providing services at the new level of care. The notice shall include a detailed	1 Licensee agrees to ensure written 2 notification is provided to responsible 3 parties within two business days. 4 Violation cleared during visit as resident 5 moved. 6 7
	8 explanation of the additional services to 9 be provided at the new level of care 10 and an accompanying itemization of the 11 charges. This requirement is not met as 12 evidenced by: Based on records 13 reviewed, Licensee did not ensure 14 reappraisal was conducted and notification to responsible party was made within two days. This poses a potential risk to persons in care.	
	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.

SUPERVISORS NAME: Kimberley Mota

LICENSING EVALUATOR NAME: Christopher Arnhold

LICENSING EVALUATOR SIGNATURE:

DATE: 03/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

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