

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306006014
Report Date: 07/01/2025
Date Signed: 07/01/2025 10:25:43 AM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **03/06/2025** and conducted by Evaluator Kimberly Lyman

	COMPLAINT CONTROL NUMBER: 22-AS-20250306122305
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FACILITY NAME: RAYA'S PARADISE OF SAN CLEMENTE	FACILITY NUMBER: 306006014
ADMINISTRATOR: WESTPHALN, MONICA	FACILITY TYPE: 740
ADDRESS: 101 AVENIDA CALAFIA	TELEPHONE: (949) 420-9898
CITY: SAN CLEMENTE	STATE: CA ZIP CODE: 92672
CAPACITY: 80	CENSUS: 30 DATE: 07/01/2025
MET WITH: Monica Westphaln	UNANNOUNCED TIME BEGAN: 07:55 AM
	TIME COMPLETED: 08:00 AM

ALLEGATION(S):

1	Staff did not prevent resident from leaving the facility unassisted
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INVESTIGATION FINDINGS:

1	Licensing Program Analysts (LPAs) Kimberly Lyman and Andrea Mendivil conducted an unannounced
2	visit to deliver findings on the above allegation. LPA was greeted and granted entry into the facility and
3	explained the reason for the visit.
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5	During the course of the investigation, LPA toured the facility and interviewed staff and witnesses as well
6	as reviewed and obtained pertinent documentation such as physician report. Regarding the allegation
7	that staff did not prevent resident from leaving the facility unassisted, the investigation revealed the
8	following: On 03/04/2025, Resident 1 (R1) was picked up unaccompanied at the community by a driver
9	for another assisted living facility, The Seville. Resident arrived at the Seville for a tour and met up with
10	Staff 1 (S1) from Raya's Paradise. Three out of three witnesses state resident arrived unaccompanied to
11	the Seville. Per physician report dated 02/04/2025, R1 is diagnosed with Dementia and unable to leave
12	the facility unassisted. Based on record review and interviews conducted, the preponderance of evidence
13	standard has been met, CONTINUED ON LIC 9099C DATED 07/01/2025

Substantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz
NAME OF LICENSING PROGRAM ANALYST: Kimberly Lyman
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/01/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/01/2025

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 22-AS-20250306122305

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 770 THE CITY DR., SUITE 7100
ORANGE, CA 92868

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: RAYA'S PARADISE OF SAN CLEMENTE

FACILITY NUMBER: 306006014

VISIT DATE: 07/01/2025

NARRATIVE

1 therefore the following allegation is deemed SUBSTANTIATED. California Code of Regulations, Title 22,
2 Division 6, Chapter 8 is being cited on the attached LIC 9099D.
3 An exit interview was conducted with facility representative and a copy of this report along with the
4 Appeal Rights were provided at the time of this visit.
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NAME OF LICENSING PROGRAM ANALYST: Kimberly Lyman
LICENSING PROGRAM ANALYST SIGNATURE:

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LIC9099 (FAS) - (06/04)

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Control Number 22-AS-20250306122305

**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** RAYA'S PARADISE OF SAN CLEMENTE**FACILITY NUMBER:** 306006014**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 07/01/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/02/2025 Section Cited CCR 87464(f)(1)	1 Basic services shall at a minimum 2 include: 3 Care and supervision as defined in 4 Section 87101(c)(3) and Health and 5 Safety Code section 1569.2(c). This 6 requirement is not met as evidenced 7 by:	1 Licensee to read the regulation and 2 forward a statement of understanding to 3 LPA by POC due date. 4 5 6 7
	8 Based on interviews conducted, 9 Licensee failed to ensure R1 was 10 provided care and supervision. R1 left 11 the facility unattended to travel to 12 another community. This poses an 13 immediate health and safety risk to 14 residents 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.

NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz**NAME OF LICENSING PROGRAM ANALYST:** Kimberly Lyman**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 07/01/2025**I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 07/01/2025