

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 370804788
Report Date: 11/19/2020
Date Signed: 11/25/2020 01:32:53 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **03/20/2020** and conducted by Evaluator Alexandre Vo

PUBLIC	COMPLAINT CONTROL NUMBER: 08-AS-20200320092829
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FACILITY NAME: CASA EL CAJON	FACILITY NUMBER: 370804788
ADMINISTRATOR: REBECCA RAYO	FACILITY TYPE: 740
ADDRESS: 306 SHADY LANE	TELEPHONE: (619) 440-1335
CITY: EL CAJON	STATE: CA ZIP CODE: 92021
CAPACITY: 99	CENSUS: 91 DATE: 11/19/2020
MET WITH: Rebecca Rayo	UNANNOUNCED TIME BEGAN: 02:09 PM
	TIME COMPLETED: 02:22 PM

ALLEGATION(S):

1	Facility staff yelled at residents
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA), Alexandre Vo, conducted an unannounced virtual visit to deliver
2	findings regarding the above-mentioned allegation. Virtual visits are being conducted due to COVID-19
3	restrictions. LPA met with Administrator, Rebecca Rayo, via FaceTime, identified himself, and stated the
4	purpose of the virtual call.
5	
6	The Department's investigation involved observations and interviews with staff, residents, and outside
7	sources.
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9	It was alleged that staff yelled at residents on different occasions. Residents have personal rights to be
10	allowed dignity in their relationships with staff and other persons. According to interviews, staff denied
11	that they yelled at residents. Interviews also revealed that there may be different perceptions of
12	intonations and inflections, possibly due to cultural differences, but that there is no malice, or ill-intent, on
13	the part of the staff. Outside sources also corroborated that they have not observed or witnessed staff yell at residents, although sometimes staff can be loud when speaking to the residents. (continued)

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Simon Jacob
NAME OF LICENSING PROGRAM ANALYST: Alexandre Vo
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 11/19/2020

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/19/2020

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 08-AS-20200320092829

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 7575 METROPOLITAN DR. #109
SAN DIEGO, CA 92108

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: CASA EL CAJON

FACILITY NUMBER: 370804788

VISIT DATE: 11/19/2020

NARRATIVE

1 The Department investigated the allegation that residents were not afforded dignity in their relationship
2 with staff. Based on interviews and observations, it was determined that there is insufficient evidence to
3 find that staff violated the residents' personal rights, therefore, this allegation has been deemed
4 unsubstantiated because the preponderance of the evidence standard has not been met.

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6 An exit interview was conducted, and a copy of this report and Licensee's Rights (9058 01/16) were
7 provided to the Administrator via electronic mail. An e-mail receipt confirms the acceptances of these
8 documents.
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NAME OF LICENSING PROGRAM MANAGER: Simon Jacob
NAME OF LICENSING PROGRAM ANALYST: Alexandre Vo
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 11/19/2020

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/19/2020

LIC9099 (FAS) - (06/04)

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