

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 370804788
Report Date: 04/28/2026
Date Signed: 04/28/2026 03:34:19 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 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 **02/16/2024** and conducted by Evaluator Angelica Boyles

	COMPLAINT CONTROL NUMBER: 08-AS-20240216091808
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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
CAPACITY:	99	ZIP CODE:	92021
		CENSUS:	93
		DATE:	04/28/2026
		UNANNOUNCED TIME BEGAN:	09:03 AM
MET WITH:	Eveline Denton, Med Tech	TIME COMPLETED:	03:30 PM

ALLEGATION(S):

1	Facility elevator was in disrepair
2	Facility wrongfully charged service fees to resident
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Angelica Boyles conducted an unannounced visit to the facility to
2	deliver investigative findings regarding the above mentioned allegation. LPA identified herself, explained
3	the purpose of the visit and nature of the complaint to Eveline Denton, Med Tech.
4	
5	On February 16, 2024 the Department received this complaint which alleged facility elevator was in
6	disrepair and facility wrongfully charged service fees to Resident #1 (R1) [See LIC811 Confidential Name
7	List for a description of select person identifiers used in this report.] The Department's investigation
8	included a facility tour, record reviews, as well as interviews with residents, staff and outside sources.
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10	(Continued on LIC9099-C)
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Simon Jacob

LICENSING EVALUATOR NAME: Angelica Boyles	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/28/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/28/2026

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 08-AS-20240216091808

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: CASA EL CAJON	FACILITY NUMBER: 370804788
	VISIT DATE: 04/28/2026

NARRATIVE	
1	(Continued from LIC9099)
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3	Regarding the allegation that facility elevator was in disrepair, interviews with facility staff reported that
4	the elevator became inoperable after a severe rain fall. Records reviewed revealed that the facility had
5	the elevator initially assessed for maintenance on January 29, 2024 and had subsequent visits for
6	maintenance. On June 21, 2024, the State Department of Industrial Relations, Division of Occupational
7	Safety and Health conducted an inspection for the conveyance permit and the facility was granted the
8	permit to operate the elevator again.
9	
10	Regarding the allegation that facility wrongfully charged service fees to R1, an interview done with R1
11	reported not being charged any extra fees and paying the same amount of rent every month. Interviews
12	with staff stated they had never charged additional fees to R1.
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14	The Department has investigated the above mentioned allegations. Based upon the information
15	obtained during this investigation, it is determined that the preponderance of evidence was not met to
16	support or corroborate these allegations and therefore deemed unsubstantiated.
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18	An exit interview was conducted with Eveline Denton, Med Tech, to whom a copy of this report and the
19	Licensee's Rights (LIC9058 01/16) were provided.
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SUPERVISORS NAME: Simon Jacob	
LICENSING EVALUATOR NAME: Angelica Boyles	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/28/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/28/2026