

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 370804823
Report Date: 08/19/2026
Date Signed: 08/19/2026 01:18:29 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 **09/02/2025** and conducted by Evaluator Amy Domingo

		COMPLAINT CONTROL NUMBER: 08-AS-20250902151440	
FACILITY NAME: ST. PAUL'S VILLA		FACILITY NUMBER:	370804823
ADMINISTRATOR:ELEANOR DOWNING		FACILITY TYPE:	740
ADDRESS:	2340 FOURTH AVENUE	TELEPHONE:	(619) 232-2996
CITY:	SAN DIEGO	STATE: CA	ZIP CODE: 92101
CAPACITY:	200	CENSUS:	DATE: 08/19/2026
		UNANNOUNCED	TIME BEGAN: 09:00 AM
MET WITH:	LaTressa Downing, Executive Director	TIME COMPLETED:	10:13 AM

ALLEGATION(S):

1	Lack of supervision resulting in resident getting violent with another resident(s).
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Amy Domingo conducted an unannounced visit to deliver findings regarding the above complaint allegations. LPA introduced themselves and disclosed the purpose of the visit with Executive Director, LaTressa Downing.
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5	The Department's investigation consisted of unannounced facility visits, interviews with facility staff, residents, and outside sources, and a review of records.
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8	On 9/2/25, it was alleged that there was a lack of supervision resulting in a resident getting violent with another resident.
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11	(Continued on LIC9099C)
12	
13	

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Simon Jacob

LICENSING EVALUATOR NAME: Amy Domingo	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/19/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/19/2026

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-20250902151440

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: ST. PAUL'S VILLA	FACILITY NUMBER: 370804823
	VISIT DATE: 08/19/2026

NARRATIVE	
1	(Continued from LIC9099)
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4	Facility staff were interviewed and consistently reported reporting requirements, including timelines for
5	notifying the Department, responsible parties, and other agencies when appropriate. Staff stated that all
6	incidents are documented immediately and submitted to the Department within the required time frame.
7	The incident reports reviewed were properly addressed. There was no evidence of lack of supervision
8	during the resident to resident incident. The facility staff followed the policy in place regarding resident to
9	resident inappropriate interaction.
10	
11	Residents interviewed revealed that they feel safe at the facility. There were no complaints of lack of
12	staff from residents. LPA interviewed residents regarding their experiences with staff availability, safety,
13	and communication. Residents reported that they feel safe living at the facility and stated that staff are
14	present, approachable, and responsive. Residents did not report any concerns regarding a lack of
15	staffing or delays in staff response. No resident expressed concerns related to incident reporting or staff
16	oversight.
17	
18	LPA interviewed outside sources, who confirmed they receive incident notifications from the facility
19	promptly when required. Outside sources reported no issues with communication and described the
20	facility as consistent and proactive when incidents occur. There were no complaints of insufficient
21	staffing or supervision from outside contacts.
22	
23	LPA reviewed the facility's incident reports for the period of 8/1/25 through 9/1/25, including incident
24	logs, LIC 624s, internal documentation, and communication records. All unusual incidents were found to
25	have been reported to the Department and other required agencies per regulatory timelines. Reports
26	were complete, included required details, and aligned with internal documentation. Outside sources
27	were informed of the incidents when they occurred with no delays.
28	
29	Based on interviews, LPA observations and records review, a preponderance of evidence does not exist
30	to prove that the alleged violation occurred; therefore, the allegation is UNSUBSTANTIATED. An exit
31	interview was conducted with the Executive Director to whom a copy of this report and the
32	Licensee/Appeal Rights (LIC9058 03/22) were provided.

SUPERVISORS NAME: Simon Jacob	
LICENSING EVALUATOR NAME: Amy Domingo	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/19/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/19/2026