

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 371881418
Report Date: 09/25/2025
Date Signed: 09/25/2025 11:27:28 AM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/17/2024** and conducted by Evaluator Janira Arreola

PUBLIC	COMPLAINT CONTROL NUMBER: 18-AS-20240717163615
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FACILITY NAME: VILLA BERNARDO	FACILITY NUMBER: 371881418
ADMINISTRATOR: DERAFERA, TESS	FACILITY TYPE: 740
ADDRESS: 2960 BERNARDO AVE	TELEPHONE: (858) 925-8858
CITY: ESCONDIDO	STATE: CA ZIP CODE: 92029
CAPACITY: 10	CENSUS: 10 DATE: 09/25/2025
MET WITH: Staff, Rommel Abedoza	UNANNOUNCED TIME BEGAN: 10:20 AM
	TIME COMPLETED: 11:30 AM

ALLEGATION(S):

1	Neglect/Lack of Care and Supervision resulted in hospitalization
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Janira Arreola conducted an unannounced visit in order to deliver
2	findings for the above allegation. LPA met with Staff, Rommel Abedoza who was informed of the purpose
3	of the visit. LPA spoke with the current administrator, Lynn Drummond and Licensee Zayden chen over
4	the phone who were informed of the purpose of the visit. The investigation consisted of interviews and
5	records review.
6	
7	It was alleged "Neglect/Lack of Care and Supervision resulted in hospitalization" of Resident #1 (R1). It
8	was alleged R1 developed an open wound with maggots due to neglect by facility staff.
9	
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Substantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Carolyn Tuba
NAME OF LICENSING PROGRAM ANALYST: Janira Arreola
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/25/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/25/2025

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 18-AS-20240717163615

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27
RIVERSIDE, CA 92507

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: VILLA BERNARDO

FACILITY NUMBER: 371881418

VISIT DATE: 09/25/2025

NARRATIVE

- 1 Medical records for R1 dated 07/16/2024 revealed diagnosis of "pink skin with crawling maggots"
- 2 between the toes, MRSA, Cellulitis, and non-pressure arterial ulcers on the toes of both feet. The
- 3 medical records revealed R1 was admitted to the hospital on 07/16/2024.
- 4
- 5 Pre-placement appraisal for R1 dated 02/19/2024 documented a history of MRSA, Cellulitis, and a
- 6 Stage 2 ulcer on R1's right foot. A review of R1's Home Health Care Plan dated 06/06/2024 revealed,
- 7 R1 was admitted to home health services for treatment of Cellulitis to the lower extremities on
- 8 06/07/2024. Home Health services were discontinued on 06/28/2024 and home health notes read,
- 9 "Bilateral wounds and weeping resolved without complications."
- 10
- 11 A review of R1's resident file revealed there was no documented care plan created or maintained by the
- 12 facility for R1's care. Interviews with three (3) facility staff revealed they were instructed by home health
- 13 to continue wrapping R1's legs with gauze following R1's discharge from home health services. Staff
- 14 interviews revealed the gauze was changed every two to three days. R1's physician was interviewed
- 15 and reported facility staff were instructed to change R1's gauze daily and to monitor R1's lower
- 16 extremities closely.
- 17
- 18 R1's Physician's Report dated 02/16/2024 was reviewed. It revealed R1 was unable to bathe
- 19 themselves and R1 required assistance with grooming of their lower body by a caregiver. Interviews with
- 20 six (6) facility staff revealed R1 did not take showers and instead used washcloths for personal hygiene.
- 21 Staff indicated they would hand the washcloth to R1 who then used the washcloth independently. Of the
- 22 staff interviews, (3) of (6) staff reported R1 washed their own feet. When staff were asked about
- 23 assisting R1 with putting on socks and shoes, staff reported they assisted R1 with this task because R1
- 24 was not able to bend down far enough to put on their own socks and shoes.
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NAME OF LICENSING PROGRAM ANALYST: Janira Arreola
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/25/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/25/2025

LIC9099 (FAS) - (06/04)

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Control Number 18-AS-20240717163615

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: VILLA BERNARDO

FACILITY NUMBER: 371881418

VISIT DATE: 09/25/2025

NARRATIVE

1 On 07/11/2024, Staff #1 (S1) reported assisting R1 with bathing and stated they did not observe any
2 sores on R1's feet. On 07/12/2024 Staff #2 (S2) reported they washed R1's feet and observed an open
3 sore on the second toe of R1's left foot. S2 stated they reported this sore to the administrator, however
4 an interview with the administrator revealed they did not recall being notified of any sores. No
5 documentation or evidence of follow-up or medical intervention for the sore was provided by the facility.
6 On 07/16/2024, S1 reported seeing flies around R1's feet, and upon removing the gauze, S1 observed
7 maggots on R1's feet. Emergency services were contacted, and R1 was transported to the hospital.
8 Hospital photographs taken on 07/16/2024 revealed both of R1's feet were red, swollen, with yellow and
9 black buildup between and under the toes, flaking skin, and discoloration of the toenails.
10
11 Based on interviews and review of records and documentation, the preponderance of evidence standard
12 has been met. Therefore, the allegation is substantiated. A violation of California Code of Regulations
13 (Title 22, Division 6, Chapter 8) is cited on the attached LIC 9099-D. An immediate civil penalty in the
14 amount of \$500 is being assessed. In accordance with Health and Safety (H&S) Code Section
15 1569.49(e), the determination of additional civil penalties for a violation that resulted in a serious injury
16 to the resident is pending and under review by the Department.
17
18 An exit interview was conducted, and this report, along with LIC 9099-D, LIC 421IM (civil penalty), and
19 appeal rights were provided to the facility representative. A plan of correction was discussed and
20 documented with licensee Zayden Chen and Lynn **Drummond**
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NAME OF LICENSING PROGRAM MANAGER: Carolyn Tuba

NAME OF LICENSING PROGRAM ANALYST: Janira Arreola

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/25/2025

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LIC9099 (FAS) - (06/04)

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Control Number 18-AS-20240717163615**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: VILLA BERNARDO

FACILITY NUMBER: 371881418

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 09/25/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 09/26/2025 Section Cited	1 87465 Incidental Medical and Dental 2 Care(a)A plan for incidental medical 3 and dental care shall be developed...	1 The licensee and administrator agreed 2 to submit proof of termination of 3

CCR 87465(a)(1)	4 5 6 7	(1)The licensee shall arrange, or assist in arranging, for medical and dental care appropriate to the conditions and needs of residents. This requirement was not met as evidenced by:	4 5 6 7	previous Administrator, and submit the administrator's schedule
	8 9 10 11 12 13 14	Based on interview and record review the facility did not develop a plan to address R1's care needs or arrange for the timely medical attention of R1's feet. This poses an immediate. health, safety, or personal rights risk to residents in care.	8 9 10 11 12 13 14	and routine to ensure staff communication, proper notification, care and changes of condition for residents are reported timely by the POC due date.
	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: Carolyn Tuba NAME OF LICENSING PROGRAM ANALYST: Janira Arreola LICENSING PROGRAM ANALYST SIGNATURE:		DATE: 09/25/2025
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