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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 371881531
Report Date: 05/13/2026
Date Signed: 07/17/2026 02:22:57 PM

Substantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/12/2026** and conducted by Evaluator Robert Campbell

	COMPLAINT CONTROL NUMBER: 18-AS-20260512104707

FACILITY NAME:	CRESTVIEW MANOR		**FACILITY NUMBER:**	371881531
ADMINISTRATOR:	BRISTOL, AUDRA		**FACILITY TYPE:**	740
ADDRESS:	350 S. VINE STREET		**TELEPHONE:**	(760) 745-0160
CITY:	ESCONDIDO	**STATE:** CA	**ZIP CODE:**	92025
CAPACITY:	38	**CENSUS:** 29	**DATE:**	05/13/2026
		UNANNOUNCED	**TIME BEGAN:**	01:00 PM
MET WITH:	Mark Poulsen/Administrator		**TIME COMPLETED:**	03:10 PM

ALLEGATION(S):

1	Staff do not ensure facility is free of hazards
2	Facility is in disrepair
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INVESTIGATION FINDINGS:

1	This is a amended document on July 17, 2026. Licensing Program Analyst (LPA), Robert Campbell
2	conducted an unannounced visit to investigate the above allegations. LPA met with Brendan Nailon/Fire
3	Inspector/Investigator, Mark Poulsen/Administrator and explained the purpose of the visit and assisted
4	LPA with today's visit. During the visit LPA toured the facility and made observations pertaining to the
5	allegations. LPA observed the following during the tour there was wiring exposed in an outdoor box
6	(photo taken), one large basement was filled with combustible material but was mostly removed today by
7	six trucks according to the Administrator, a portion of the ceiling is compromised, and you can see the
8	bathtub from the basement (photos taken). LPA observed burn marks on wood beams by water piping
9	(photos taken), and there is open electrical wiring (photos taken) that creates fire hazards to the
10	residents in care according to the Fire Inspector. LPA issued Type B deficiencies to the facility under Title
11	22 87303(a) on an LIC9099D form.Therefore, based on observations and interviews, the allegations Staff
12	do not ensure facility is free of hazards, and Facility is in disrepair is SUBSTANTIATED.
13	

Substantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Jazmond D Harris
LICENSING EVALUATOR NAME: Robert Campbell
LICENSING EVALUATOR SIGNATURE:
DATE: 05/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 05/13/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Control Number 18-AS-20260512104707

FACILITY NAME: CRESTVIEW MANOR **FACILITY NUMBER:** 371881531
VISIT DATE: 05/13/2026

NARRATIVE

Continued....

LPA advised that at this time additional time is needed, follow-up visits and or telephone calls are necessary before reaching investigation findings, further investigation is needed.

An exit interview was conducted, and a copy of this report was discussed and given to Mark Poulsen/Administrator.

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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-

FACILITY NAME: CRESTVIEW MANOR **FACILITY NUMBER:** 371881531

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 05/13/2026

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 06/09/2026 **Section Cited** CCR 87303(a)	1 2 3 4 5 6 7	(a) The facility shall be clean, safe, sanitary and in good repair at all times. Maintenance shall include provision of maintenance services and procedures for the safety and well-being of residents, employees and visitors. Not met evidenced by the following:	1 2 3 4 5 6 7	Licensee will have all repairs done by a professional with permits in place, submit all corrections by email to the LPA on the POC date.
	8 9 10 11 12 13 14	LPA observed the following during the tour there was wiring exposed in an outdoor box (photo taken), one large basement was filled with combustible material but was mostly removed today by six trucks according to the Administrator,(photos taken) more exposed wiring, loose beam, exposed ceiling.	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.

SUPERVISOR'S NAME: Jazmond D Harris
LICENSING EVALUATOR NAME: Robert Campbell
LICENSING EVALUATOR SIGNATURE:
DATE: 05/13/2026

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