

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 371881741
Report Date: 01/07/2026
Date Signed: 01/07/2026 02:50:00 PM

Unsubstantiated

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 **12/29/2025** and conducted by Evaluator Janette Romero

PUBLIC	COMPLAINT CONTROL NUMBER: 18-AS-20251229073634
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FACILITY NAME: VISTA SENIOR LIVING II LLC	FACILITY NUMBER: 371881741
ADMINISTRATOR: KAKANI, SHRIKANT	FACILITY TYPE: 740
ADDRESS: 247 PRESLEY PL	TELEPHONE: (619) 791-5495
CITY: VISTA	ZIP CODE: 92083
CAPACITY: 15	DATE: 01/07/2026
MET WITH: Administrator, Shrikant Kakani	UNANNOUNCED TIME BEGAN: 10:10 AM
	TIME COMPLETED: 02:45 PM

ALLEGATION(S):

1	Staff did not ensure resident is appropriately dressed for the weather
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INVESTIGATION FINDINGS:

1	On 01/07/2026, Licensing Program Analyst (LPA) Janette Romero conducted an unannounced visit to the facility to investigate the allegation listed above. LPA met with Administrator, Shrikant Kakani who was informed of the purpose of the visit.
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5	LPA toured the facility, conducted interviews, and obtained copies of pertinent documentation. Regarding the allegation, "Staff did not ensure resident is appropriately dressed for the weather" it was alleged on 12/23/2025, Resident 1 (R1) arrived to a medical appointment on a gurney transport and was transferred to a wheelchair when they were observed wearing only a shirt and brief. It was further alleged R1 was covered with blankets and without pants or any lower-body garment, despite the cold and rainy weather that day. LPA reviewed R1's medical assessment dated 11/11/2025 noting R1 exhibits memory loss, requires assistance for bathing, dressing, grooming, and toileting, and is able to communicate their needs.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Carolyn Tuba
LICENSING EVALUATOR NAME: Janette Romero
LICENSING EVALUATOR SIGNATURE:

DATE: 01/07/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/07/2026

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-20251229073634

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: VISTA SENIOR LIVING II LLC

FACILITY NUMBER: 371881741

VISIT DATE: 01/07/2026

NARRATIVE

1 LPA conducted an interview with R1 who reported the following information. Sometimes they avoid
2 wearing lower-body garments due to using a catheter. However, they have the capacity to communicate
3 their needs to facility staff and request dressing assistance to wear lower-body garments and weather
4 appropriate clothing. R1 was unable to recall any incident on 12/23/2025 related to the allegation.
5 However, they reported facility staff provide dressing assistance each time they request it. R1 informed
6 LPA where their lower-body garments are stored in their bedroom. LPA then toured R1's bedroom and
7 observed lower-body garments including several pants stored inside a dresser drawer and in hangars in
8 the closet.
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10 Three (3) staff were identified to be present on the incident date and time. However, one (1) staff was
11 unable to provide relevant information due to being in a different area of the facility during the alleged
12 incident. LPA was unable to make contact with the second staff for an interview. LPA conducted an
13 interview with the third staff noted to be present on the incident date and time who reported the following
14 information. On 12/23/2025, R1 was transported to their medical appointment by a transportation
15 service provided through their health insurance program. This staff was unable to recall incident details
16 from 12/23/2025 surrounding the allegation. However, they reported there have been multiple instances
17 in which the transportation service for R1 and other residents failed to inform facility staff of scheduled
18 pick-ups at the facility. This staff reported on one (1) occasion, the transportation service for R1 arrived
19 at the facility at 6:00 a.m. without prior notice and provided facility staff only five (5) minutes to prepare
20 the resident before departure to avoid missing their medical appointment, which was insufficient
21 preparation time. This staff reported facility staff make sure residents are clean, groomed, eat, and are
22 appropriately dressed for the weather prior to leaving the facility for an outing. Administrator was also
23 interviewed and corroborated the information provided by this staff and R1. He forwarded LPA an email
24 dated 01/05/2026 that he sent to R1's medical provider reporting transportation arrived for a resident
25 without prior notice. In the email, administrator also requested the medical provider share the schedule
26 for any future appointments in advance so the facility can ensure the resident is prepared on time. LPA
27 made contact with the reporting party who was unable to provide additional information regarding R1's
28 transportation services to their medical appointment on 12/23/2025. Although the allegation may have
29 happened or is valid, there is no preponderance of evidence to prove the alleged violation did or did not
30 occur; therefore, the allegation is unsubstantiated. An exit interview was conducted, and a copy of this
31 report was provided to administrator.
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Note - LPA was offsite from 12:00 p.m. to 12:30 p.m.

SUPERVISORS NAME: Carolyn Tuba
LICENSING EVALUATOR NAME: Janette Romero
LICENSING EVALUATOR SIGNATURE:

DATE: 01/07/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/07/2026

LIC9099 (FAS) - (06/04)

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