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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 372004738
Report Date: 07/22/2026
Date Signed: 07/22/2026 01:32:10 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/02/2026** and conducted by Evaluator Jose DeLaCruz

	COMPLAINT CONTROL NUMBER: 08-AS-20260602102308

FACILITY NAME:	CANYON VILLAS			**FACILITY NUMBER:**	372004738
ADMINISTRATOR:	BOLLER, VONDA			**FACILITY TYPE:**	740
ADDRESS:	4282 BALBOA AVENUE			**TELEPHONE:**	(858) 273-1306
CITY:	SAN DIEGO	**STATE:** CA		**ZIP CODE:**	92117
CAPACITY:	133	**CENSUS:**		**DATE:**	07/22/2026
		UNANNOUNCED		**TIME BEGAN:**	01:00 PM
MET WITH:	Resident Care Director Ileen Lund			**TIME COMPLETED:**	01:45 PM

ALLEGATION(S):

1	Personal Rights
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Jose De La Cruz conducted an unannounced visit regarding the above
2	allegation. LPA was greeted by Resident Care Director Ileen Lund, to whom he identified himself and
3	explained the purpose of the visit.
4	
5	On June 2, 2026, the Reporting Party (RP) alleged that the facility attempted to evict a resident (R1) due
6	to undisclosed behaviors. The complaint also alleged that R1 felt discriminated against and expressed
7	statements indicating they did not want to live anymore.
8	
9	On June 12, 2026, LPA conducted an unannounced visit to the facility to interview staff and review
10	records. Per the Executive Director (ED) and Staff 1 (S1), R1 had not submitted any complaints to the
11	facility regarding staff or feeling discriminated against.
12	
13	[CONTINED ON LIC9099-C]

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Robyn Clark

LICENSING EVALUATOR NAME: Jose DeLaCruz
LICENSING EVALUATOR SIGNATURE:
DATE: 07/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/22/2026

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

Control Number 08-AS-20260602102308

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SAN DIEGO RO, 7575 METROPOLITAN DR. #109
SAN DIEGO, CA 92108

FACILITY NAME: CANYON VILLAS **FACILITY NUMBER:** 372004738
VISIT DATE: 07/22/2026

NARRATIVE

[CONTINUED FROM LIC9099]

An eviction notice had been delivered to R1, and an eviction date was provided, however, R1 was already looking for a new facility due to having received a previous eviction notice, which required reissuance due to unrelated circumstances. According to the ED, R1 was able to locate and move to a different facility before the effective date of the most recent eviction notice, approximately one week after receiving it.

That same day, LPA contacted the RP. RP stated they were aware of the reasons the eviction notice was issued and confirmed that R1 had relocated to a new facility. RP reported that R1 was happy at their new facility and disclosed the reason R1 previously felt discriminated against, which related to the level of care R1 required. RP explained that this need made it difficult for R1 to find a new placement initially.

Regarding the statement that R1 “didn’t want to live anymore,” LPA asked RP whether they believed this indicated genuine intent. RP stated that R1 often uses that phrase without intent to act on it and that they did not believe R1 was at risk of self-harm.

LPA subsequently visited R1 at their current facility and conducted an interview. R1 stated they wished to move forward and leave the prior situation behind. R1 denied any intention to harm themselves and acknowledged feeling discriminated against during the eviction process. However, R1 expressed optimism about starting over at the new facility and not reliving the previous experience.

Based on interviews, record review, and LPA observations, the preponderance of evidence standard was not met. Therefore, the allegation is unsubstantiated. No deficiencies were cited in accordance with Title 22 of the California Code of Regulations.

Report and Appeal Rights were discussed with and provided to the Resident Care Director Ileen Lund. Signature below confirms receipt.

SUPERVISORS NAME: Robyn Clark
LICENSING EVALUATOR NAME: Jose DeLaCruz
LICENSING EVALUATOR SIGNATURE:
DATE: 07/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/22/2026