

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374600488
Report Date: 01/06/2026
Date Signed: 01/06/2026 03:51:24 PM

Unfounded

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 **08/07/2025** and conducted by Evaluator Arian Golbakhsh

PUBLIC	COMPLAINT CONTROL NUMBER: 08-AS-20250807160532
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FACILITY NAME: CASA DE LAS CAMPANAS	FACILITY NUMBER: 374600488
ADMINISTRATOR: HARRIS, BROOKE	FACILITY TYPE: 741
ADDRESS: 18655 WEST BERNARDO DRIVE	TELEPHONE: (858) 451-9152
CITY: SAN DIEGO	STATE: CA
CAPACITY: 582	ZIP CODE: 92127
	CENSUS: 505
	DATE: 01/06/2026
	UNANNOUNCED TIME BEGAN: 03:30 PM
MET WITH: Residential Administrator Tyre Richards	TIME COMPLETED: 03:55 PM

ALLEGATION(S):

1	Facility staff financially abused resident in care.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Arian Golbakhsh conducted an unannounced visit to deliver findings for
2	a complaint investigation regarding the above mentioned allegation. LPA was welcomed by, identified
3	themselves to, and discussed the purpose of their visit to Residential Administrator Tyre Richards.
4	
5	On 08/07/2025, the Department received a complaint where it was alleged that a resident (identified as
6	R1) had tried to withdraw a substantial amount of cash from their bank, stating that the purpose of the
7	money was to give to a friend. Per the complaint, it was believed that the friend in question was a
8	caregiver at the facility. The Department's investigation consisted of unannounced facility visits, records
9	review, and interviews with staff, residents, and outside sources.
10	
11	[Continued on LIC 9099-C]
12	
13	

Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Sabel Martinez

LICENSING EVALUATOR NAME: Arian Golbakhsh
LICENSING EVALUATOR SIGNATURE:

DATE: 01/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/06/2026

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 08-AS-20250807160532

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 (Cont)

FACILITY NAME: CASA DE LAS CAMPANAS

FACILITY NUMBER: 374600488

VISIT DATE: 01/06/2026

NARRATIVE

1 [Continued from LIC 9099]
2

3 R1 resides in the independent living portion of the facility and has no diagnosis of cognitive impairment.
4 Per review of R1's physician's report dated July 2004, it is noted that R1 can manage their own cash
5 resources. The department had requested from the facility if there was a more recent physician's report
6 on file and it was revealed that R1 had not had any changes in condition that required an updated
7 report. However, the facility conducts annual assessments to monitor resident status. Per review of
8 facility assessments on R1 conducted September 2022, September 2023, and October 2024, R1 is
9 noted to be independent and does not require care and supervision.
10

11 Per interview with R1, it was revealed that they have a private caregiver from an outside agency that
12 assists with household tasks, errands, and appointments. R1 explained that they were aware their
13 private caregiver could not accept money or tips from R1. When asked about the incident described in
14 the complaint allegation, it was revealed R1 was preparing for a trip and preferred to travel with cash.
15 R1 revealed they were uncomfortable and offended with being questioned about their reasons for
16 withdrawing money and so they provided the first statement that came to mind.
17

18 An outside source interview revealed they had no concerns regarding R1's cognitive status or concerns
19 about R1 being financially abused. This interview corroborated that R1 preferred to travel with cash on
20 hand.
21

22
23 The Department has investigated the complaint alleging financial abuse. We have found that the
24 complaint was UNFOUNDED, meaning that the allegation was false, could not have happened and/or is
25 without a reasonable basis. We have dismissed the complaint. An exit interview was conducted with
26 Residential Administrator Richards to whom a copy of this report and the Licensee/Appeal Rights (LIC
27 9058) were provided. Their signature below confirms receipt of these documents.
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SUPERVISORS NAME: Sabel Martinez

LICENSING EVALUATOR NAME: Arian Golbakhsh

LICENSING EVALUATOR SIGNATURE:

DATE: 01/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/06/2026

LIC9099 (FAS) - (06/04)

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