<meta name="robots" content="noindex">

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374600488
Report Date: 08/21/2026
Date Signed: 08/21/2026 09:12:26 AM

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 **11/28/2023** and conducted by Evaluator Renita Hall

	COMPLAINT CONTROL NUMBER: 08-AS-20231128124359

FACILITY NAME:	CASA DE LAS CAMPANAS			**FACILITY NUMBER:**	374600488
ADMINISTRATOR:	KIMBERLY FINCH-DOMINY			**FACILITY TYPE:**	741
ADDRESS:	18655 WEST BERNARDO DRIVE			**TELEPHONE:**	(858) 451-9152
CITY:	SAN DIEGO	**STATE:** CA		**ZIP CODE:**	92127
CAPACITY:	582	**CENSUS:** 505		**DATE:**	08/21/2026
		UNANNOUNCED		**TIME BEGAN:**	08:45 AM
MET WITH:	Mona, Kaur, Health Center Administrator			**TIME COMPLETED:**	09:15 AM

ALLEGATION(S):

1	Provider made material misrepresentations to depositors, prospective residents, or residents of a continuing care retirement community via the information provided on their Disclosure Statement.
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	This report is an amendment to the 9099 dated August 1, 2025.
2	
3	Licensing Program Analyst Hall delivered complaint findings to the Health Center Administrator of Casa
4	de las Campanas on August 21, 2026 via phone.
5	
6	The California Continuing Care Contracts Bureau (CCCB) received a complaint on November 28, 2023
7	alleging that Casa de las Campanas materially misrepresented its financial position in its Disclosure
8	Statement by overstating Operating Income through the inclusion of non-operating revenue. The
9	complaint was initially investigated by CCCB financial analyst Jennifer Houston and determined to be
10	unsubstantiated.
11	
12	Continued on 9099C
13	

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Sabel Martinez

LICENSING EVALUATOR NAME: Renita Hall
LICENSING EVALUATOR SIGNATURE:
DATE: 08/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/21/2026

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

Control Number 08-AS-20231128124359

FACILITY NAME: CASA DE LAS CAMPANAS **FACILITY NUMBER:** 374600488
VISIT DATE: 08/21/2026

NARRATIVE

The matter was reopened in January 2026 after the department received additional information and supplemental information was received in July 2026. CDSS staff, reviewed audited financial statements and reconciliations submitted by the provider, Generally Accepted Accounting Principles (GAAP), Financial Accounting Standard Board (FASB), Commission on Accreditation of Rehabilitation Facilities aka CARF International (CARF) and California Business and Professions Code section 651.

Allegation: Provider made material misrepresentations to depositors, prospective residents, or residents of a continuing care retirement community via the information provided on their Disclosure Statement. UNSUBSTANTIATED.

The review confirmed that the figures reported in the Disclosure Statement as “Income from Ongoing Operations/Operating Income” included resident revenue, investment and dividend income, realized investment gains, and gains/support. The Department further confirmed that, with these included sums, the figure generally aligned with the audited financial statements, with minor discrepancies noted. The Department noted that neither the continuing care contract statutes nor GAAP provide a single mandatory definition of “Operating Income” for nonprofit organizations, nor do they explicitly prohibit inclusion of investment-related income in such calculations. Additionally, the Department utilizes CARF ratios to assess the financial viability of CCRCs. CARF recognizes that financial statement reporting can vary significantly among providers and auditors. To promote consistency in its financial ratio analysis, CARF applies specific protocols to audited financial information. For purposes of calculating margin ratios, CARF treats interest earnings and net assets released from restriction as operating revenues, and its Ratio Pro spreadsheet includes interest and dividends in operating revenue. CARF also notes that providers with established ongoing development efforts may find it useful to calculate the ratios to include those activities as well. Consequently, the Department cannot find that the provider materially misrepresented operating income when it included such sums in the “Income from Ongoing Operations/Operating Income” line of its disclosure statement.

Continued on 9099C.2

SUPERVISORS NAME: Sabel Martinez
LICENSING EVALUATOR NAME: Renita Hall
LICENSING EVALUATOR SIGNATURE:
DATE: 08/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/21/2026

Control Number 08-AS-20231128124359

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

NARRATIVE

Furthermore, the Department reviewed the monthly care fee increase for FYE 2023 and determined that it met the applicable statutory requirements. The applicable statutes do not require the information supporting the monthly care fee increase to reconcile with the “Income from Ongoing Operations/Operating Income” amounts reported in the Disclosure Statement.

Based on the investigation, the preponderance of evidence standards has not been met. Therefore, the above allegation is determined to be UNSUBSTANTIATED. A finding that the allegation is UNSUBSTANTIATED means that the allegation may have happened or may be valid, but there is not a preponderance of evidence to prove that the alleged violation occurred.

SUPERVISORS NAME: Sabel Martinez
LICENSING EVALUATOR NAME: Renita Hall
LICENSING EVALUATOR SIGNATURE:
DATE: 08/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/21/2026