

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374600675
Report Date: 02/20/2026
Date Signed: 02/20/2026 03:47:23 PM

Unsubstantiated

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 **07/08/2025** and conducted by Evaluator Natasha Persaud

	COMPLAINT CONTROL NUMBER: 08-AS-20250708162806
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FACILITY NAME: VI AT LA JOLLA VILLAGE	FACILITY NUMBER: 374600675
ADMINISTRATOR: BOUDREAU, STEPHANIE	FACILITY TYPE: 741
ADDRESS: 8515 COSTA VERDE BLVD	TELEPHONE: (858) 646-7700
CITY: SAN DIEGO	STATE: CA
CAPACITY: 783	ZIP CODE: 92122
	CENSUS: 543
MET WITH: Executive Director, Stephanie Boudreau	DATE: 02/20/2026
	UNANNOUNCED TIME BEGAN: 03:20 PM
	TIME COMPLETED: 03:30 PM

ALLEGATION(S):

1	Lack of supervision resulting in financial abuse
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA), Natasha Persaud conducted a telephone visit to conclude the
2	complaint investigation regarding the above mentioned allegation. LPA discussed the allegation with
3	Executive Director, Stephanie Boudreau.
4	
5	During the investigation, records were reviewed and interviews were conducted with staff, residents and
6	outside sources. It was alleged lack of supervision resulting in financial abuse. It was reported Staff #1
7	(S1) stole \$2880.00 from Resident #1 (R1). R1's Physician's Report dated 03/27/25 indicated R1 had a
8	Major Neurocognitive Disorder and was unable to manage their own cash resources. An outside source
9	that manages R1's money, discovered a check was made out to S1 by R1. A review of the Guardian
10	Background Check System reflected S1 was associated to the Home Care Agency (HCA) and the facility.
11	S1 was employed by the HCA and outsourced to R1 at the facility to provide one on one care. The HCA
12	obtained signatures from R1 and S1 for comparison and it was determined the check was forged by S1.
13	An outside source confirmed S1 cashed the check on 04/24/25 and stated it was earned for providing
	care. Continued on LIC 9099C.

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Lizzette Tellez
LICENSING EVALUATOR NAME: Natasha Persaud
LICENSING EVALUATOR SIGNATURE:

DATE: 02/20/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/20/2026

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-20250708162806

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: VI AT LA JOLLA VILLAGE

FACILITY NUMBER: 374600675

VISIT DATE: 02/20/2026

NARRATIVE

1 Evidence also revealed S1 was working outside of their scheduled hours. S1's employer, reimbursed
2 R1. S1 was terminated from employment with the HCA.
3

4 During the course of the investigation, interviews were conducted, and records were reviewed.
5 Investigation revealed inconsistent statements and information obtained did not present a
6 preponderance of evidence to support or corroborate the allegation. The allegation was deemed
7 unsubstantiated. An exit interview was conducted and a copy of this report along with Licensee Rights
8 (LIC 9058 03/22) were emailed to Executive Director, Stephanie Boudreau.
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SUPERVISORS NAME: Lizzette Tellez
LICENSING EVALUATOR NAME: Natasha Persaud
LICENSING EVALUATOR SIGNATURE:

DATE: 02/20/2026

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LIC9099 (FAS) - (06/04)

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