

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374600799

Report Date: 02/19/2026

Date Signed: 02/25/2026 10:08:23 AM

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 **04/15/2022** and conducted by Evaluator Sarah Hurt

	COMPLAINT CONTROL NUMBER: 08-AS-20220415090957
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FACILITY NAME: CARLSBAD BY THE SEA	FACILITY NUMBER: 374600799
ADMINISTRATOR: JOAN E. JOHNSON	FACILITY TYPE: 741
ADDRESS: 2855 CARLSBAD BLVD.	TELEPHONE: (760) 729-2377
CITY: CARLSBAD	STATE: CA
CAPACITY: 224	ZIP CODE: 92008
	CENSUS: 190
MET WITH: Executive Director Paula Digerness	DATE: 02/19/2026
	UNANNOUNCED TIME BEGAN: 03:45 PM
	TIME COMPLETED: 04:00 PM

ALLEGATION(S):

1	Staff do not allow resident to leave their room.
2	Staff interfering with resident sleeping.
3	Staff does not let resident leave the facility.
4	Staff not providing records to authorized.
5	Facility charging for services that were not approved by resident or agents.
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Sarah Hurt to deliver findings on the allegations listed above. LPA met
2	by phone with Executive Director Paula Digerness and explained the purpose of today's visit.
3	
4	Regarding the allegation -Staff do not allow resident to leave their room. The Department reviewed
5	Resident 1's Health and Wellness Review dated February 24, 2022, service plan documentation, and
6	related correspondence. Interviews were conducted to the extent possible; however, due to the passage
7	of time, recollection of specific events was limited. Records reviewed document the resident required
8	frequent supervision, prompting, and redirection related to cognitive impairment and safety awareness.
9	Documentation reflects the resident required wellness checks three to four times daily, which included
10	checking overall wellness and safety, removal of spoiled food, and trash disposal. These checks did not
11	include hands-on assistance with activities of daily living and were not documented as restrictive in
12	nature. Although the allegation may have happened or is valid, there is not a preponderance of evidence
13	to prove the alleged violation did or did not occur, therefore the allegation is unsubstantiated

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: See Moua
LICENSING EVALUATOR NAME: Sarah Hurt
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-20220415090957

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: CARLSBAD BY THE SEA

FACILITY NUMBER: 374600799

VISIT DATE: 02/19/2026

NARRATIVE

1 Regarding the allegation staff interfering with resident sleeping. The Department reviewed assessment
2 records and service plan documentation. The Health and Wellness Review reflects the resident required
3 scheduled medication administration three times daily, including an early morning medication at
4 approximately 5:00 a.m., as well as wellness checks for safety. Due to the age of the complaint,
5 interviews conducted were unable to provide specific details regarding alleged sleep disruption. No
6 documentation was obtained indicating staff intentionally deprived the resident of sleep or conducted
7 unnecessary room entries outside of documented care needs. Although the allegation may have
8 happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or did
9 not occur, therefore the allegation is unsubstantiated

10
11 Regarding the allegation Staff does not let resident leave the facility. The Department reviewed facility
12 records and assessment documentation. Records reflect the resident was ambulatory, transferred
13 independently, and participated in activities. Documentation does not indicate the resident was restricted
14 from leaving the facility or placed under involuntary confinement. Interviews conducted did not provide
15 consistent or sufficient information to corroborate that the resident was prevented from leaving the
16 facility. Due to the passage of time, specific recollections were limited. Although the allegation may have
17 happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or did
18 not occur, therefore the allegation is unsubstantiated.

19
20 Regarding the allegation Staff not providing records to authorized. The Department reviewed available
21 documentation and correspondence. No records were obtained demonstrating that the facility refused to
22 provide requested records. Interviews conducted did not provide documentation or consistent
23 statements confirming that records were requested and denied. Due to the age of the complaint, the
24 Department was unable to verify the nature or timing of any alleged records requests. Although the
25 allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged
26 violation did or did not occur, therefore the allegation is unsubstantiated

27
28 Regarding the allegation facility charging for services that were not approved by resident or agents.
29 Investigation: The Department reviewed service plan documentation and assessment records. The
30 Health and Wellness Review documents the resident's service plan level and assessed care needs. No
31 documentation was obtained demonstrating unauthorized charges or billing for services outside of the
32 documented service plan. Interviews conducted did not provide sufficient or consistent information to
substantiate unauthorized charges. Due to the passage of time, the Department was unable to obtain
billing records documenting invoices during this time period.. Although the allegation may have
happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or did
not occur, therefore the allegation is unsubstantiated

Exit interview conducted with Executive Director Paula Digerness, and copy of report provided.

SUPERVISORS NAME: See Moua
LICENSING EVALUATOR NAME: Sarah Hurt
LICENSING EVALUATOR SIGNATURE:

DATE: 02/20/2026

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

