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Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374600800
Report Date: 07/22/2026
Date Signed: 07/22/2026 02:06:50 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 **07/16/2026** and conducted by Evaluator Janet Ngallo

	COMPLAINT CONTROL NUMBER: 08-AS-20260716090539

FACILITY NAME:	WESLEY PALMS			**FACILITY NUMBER:**	374600800
ADMINISTRATOR:	JUSTIN WEBER			**FACILITY TYPE:**	740
ADDRESS:	2404 LORING STREET			**TELEPHONE:**	(858) 274-4110
CITY:	SAN DIEGO	**STATE:** CA		**ZIP CODE:**	92109
CAPACITY:	511	**CENSUS:** 372		**DATE:**	07/22/2026
		UNANNOUNCED		**TIME BEGAN:**	09:00 AM
MET WITH:	Executive Director Justin Weber			**TIME COMPLETED:**	02:30 PM

ALLEGATION(S):

1	Unqualified staff administering medication(s) to resident(s).
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Janet Ngallo conducted an unannounced visit to initiate a complaint
2	investigation and deliver findings regarding the above-mentioned allegation. LPA identified themselves
3	and met with Executive Director Justin Weber to discuss the purpose of the visit and elements of the
4	complaint.
5	
6	On 07/16/2026, it was alleged that unqualified staff were administering medication(s) to resident(s). More
7	specifically, the allegation stated that a particular staff member (S1) administered medications to a
8	resident (R1) during an unknown shift time or day. The reporting party stated they believed S1 was not
9	qualified due to S1 wearing a Certified Nursing Assistant(CNA) badge rather than a licensed nurse
10	badge.The Department’s investigation consisted of interviews and records review.
11	
12	[Cont. on LIC 9099-C]
13	

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Lizzette Tellez

LICENSING EVALUATOR NAME: Janet Ngallo
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-20260716090539

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: WESLEY PALMS **FACILITY NUMBER:** 374600800
VISIT DATE: 07/22/2026

NARRATIVE

[Cont. from LIC-9099]

Regarding the allegation, interviews with staff consistently reported that only certified staff and licensed nurses administer medications, including care giving staff. Staff who were not medication certified reported performing only Activities of Daily Living (ADLs) and stated they do not administer medications. Supervisory staff reported that licensed nurse coverage is maintained on all shifts, including weekends, and stated they had not observed any unqualified staff performing medication duties. Qualified medication staff confirmed they completed required training, including examination, shadowing, online training and a final exam competency review, and stated they had not witnessed inappropriate or improper medication administration by any staff.

Records review of the staff roster showed a combination of certified nursing assistants (CNA), memory care assistants, caregivers, licensed vocational nurses (LVN), and registered nurses (RN) assigned throughout the facility. Job descriptions for caregivers and memory care assistants included ADLs and general care duties only, with no medication related tasks. CNA job descriptions included medication management responsibilities, while LVN and RN job descriptions outlined medication administration and nursing interventions. Staffing schedules from June through July 2026 demonstrated that all shifts in both the main building and memory care areas included either licensed nurses or medication administration qualified staff, including weekends. Training records, including RCFE medication orientation exam results, confirmed that staff responsible for medication administration had completed required qualifications. Additionally, records review revealed that S1 had completed the facility's medication qualification process and possessed the necessary certification to administer medications.

Based on interviews and records review, the preponderance of evidence standard has not been met, therefore the above allegation is found to be unsubstantiated. An exit interview was conducted with Executive Director Justin Weber and a copy of this report, along with Licensee/Appeal Rights (LIC 9058 01/16), were provided. Their signature confirms receipts of these documents.

SUPERVISORS NAME: Lizzette Tellez
LICENSING EVALUATOR NAME: Janet Ngallo
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