

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374600890

Report Date: 07/13/2025

Date Signed: 07/29/2025 09:15:13 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 **06/04/2025** and conducted by Evaluator Debbie Correia

	COMPLAINT CONTROL NUMBER: 08-AS-20250604143643
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FACILITY NAME:	ATRIA COLLWOOD	FACILITY NUMBER:	374600890
ADMINISTRATOR:	JULIA LOPEZ	FACILITY TYPE:	740
ADDRESS:	5308 MONROE AVE	TELEPHONE:	(619) 286-3583
CITY:	SAN DIEGO	ZIP CODE:	92115
CAPACITY:	185	DATE:	07/13/2025
	STATE: CA	UNANNOUNCED TIME BEGAN:	05:40 PM
	CENSUS: 101	TIME COMPLETED:	06:09 PM
MET WITH:	Resident Service Coordinator (RSC) Irma Miranda		

ALLEGATION(S):

1	Unlawful eviction
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Debbie Correia conducted an unannounced visit to conclude a
2	complaint investigation. LPA was greeted by front lobbyist Muhammad Wright, introduced herself, and
3	met with Resident Service Coordinator (RSC) Irma Miranda who was notified about the purpose of the
4	visit.
5	
6	It was alleged that the facility served Resident1 (R1) an unlawful eviction on June 13, 2025, an amended
7	version of a 30-day eviction R1 was served on June 4, 2025. On June 4, 2025, the Department received
8	a complaint regarding the eviction being unlawful. A review of the eviction notice dated June 13, 2025,
9	revealed the eviction was issued to R1 for non-compliance with medication management which was
10	included in the original eviction notice and is also included in the complaint. [See LIC811 Confidential List
11	of Names]
12	
13	A review of R1's facility records revealed they were admitted to the facility on February 23, 2023, with a
	primary diagnosis of Complex Regional Pain Syndrome (CRPD), was non-ambulatory, suffered from
	depression, and was not allowed to leave the facility unassisted however, R1 was able to self-medicate.

[Continued on LIC 9099C]

*This is an amended report of the original version dated July 15, 2025.

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Robyn Clark

NAME OF LICENSING PROGRAM ANALYST: Debbie Correia

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/23/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/23/2025

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

LIC9099 (FAS) - (06/04)

Page: 1 of 3

Control Number 08-AS-20250604143643

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: ATRIA COLLWOOD

FACILITY NUMBER: 374600890

VISIT DATE: 07/13/2025

NARRATIVE

1 [Continuation of LIC 9099]

2

3 A review of R1's facility records dated February 24, 2023, revealed R1's Primary Care Physician (PCP)
4 concurred that self-storage and administration is safe," and the "Resident agrees to keep medications
5 in a locked cabinet or drawer and will lock apartment door when not in apartment.
6

7 Further review of R1's resident records showed R1's history of non-compliance regarding safeguarding
8 their medication when R1 was still deemed able to self-medicate. Records include the following but are
9 not limited to; facility records dated March 10, 2023, revealed facility Staff1 (S1) documented that R1
10 had medications out in their room and S1 and Staff 2 (S2) both told R1 they needed to purchase a lock
11 box to store their medications however R1 got upset and refused. On April 4, 2023, the Executive
12 Director (ED) observed R1 had opened bottles of medications out in their room, the ED emailed R1's
13 PCP regarding non-compliance with self-medicating. A review of R1's facility records also revealed on
14 April 27, 2023, R1 had misplaced their medication and subsequently a new prescription was ordered
15 and staff delivered them to R1 by 9:00 am the following morning. Additionally, on June 7, 2023, R1
16 reported they never received that same prescription that had been ordered twice, and facility staff were
17 able to locate the bottle under R1's bed.
18

19 On March 25, 2025, the Department received a 3-Day eviction notice that disclosed R1 received a
20 prescription of a 224 count of Narcotic Painkillers, on that same day, prior to access to their prescription
21 had made suicidal threats to Staff 3 (S3) by means of taking their entire bottle of pain killers at once.
22 Upon S3 notifying management safety measures were put in place, including a search of R1's room for
23 the medication, that were not found and remain unaccounted for to date. The Resident Service Director
24 (RSD) also revealed they found other medication bottles in R1's room that contained medication that did
25 not match the prescription label. An interview with the ED revealed they followed the facility protocol,
26 removed all R1's medications that were found from their room, placed R1 on 1:1 supervision, and
27 contacted R1's PCP for an updated Physician's Report. However, the PCP only sent a letter that stated
28 R1 can handle their own medication. A follow-up interview conducted with the ED, on July 12, 2025,
29 revealed after multiple requests to the PCP, they have not sent an updated Physician's Report to date.
30

31 [Continued on LIC 9099C]

32

This is an amended version of the original report delivered on July 15, 2025.

NAME OF LICENSING PROGRAM MANAGER: Robyn Clark

NAME OF LICENSING PROGRAM ANALYST: Debbie Correia

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/23/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/23/2025

LIC9099 (FAS) - (06/04)

Page: 2 of 3

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SAN DIEGO, CA 92108

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: ATRIA COLLWOOD

FACILITY NUMBER: 374600890

VISIT DATE: 07/13/2025

NARRATIVE

1 [Continuation of LIC 9099C]
2

3 On June 23, 2025, the facility received a complaint that alleged a Personal Rights violation due to the
4 facility staff taking R1's medications, and after a thorough investigation by LPA Nguyen, that revealed R1
5 was not in-compliance with facility protocol regarding procedures of safeguarding Narcotic medication,
6 and R1 was not taking their medication as prescribed, the complaint was determined unsubstantiated
7 which allowed the facility to continue centrally storing R1's medication and implement Medication
8 Management, and had R1 re-assessed by a third party Physician's Assistant (PA), that determined R1
9 was not able to manage their own medication.
10

11 In the event R1's PCP conducts a reassessment of R1 and deems them able to self-medicate, California
12 Code of Regulations (CCR) Section 87463(e) supports the right and responsibility of Licensees to
13 conduct their own care assessments parallel to medical assessment(s). When health/safety concerns
14 and/or unresolved questions are identified, regulation requires Licensees to further communicate with
15 the physician to obtain recommendations on these issues. However, Licensees retain some
16 independence in forming the written record of care that the resident shall receive while living at the
17 facility, particularly when provisions reasonably uphold resident health/safety in balance with resident
18 rights."
19

20 The interview conducted with ED on July 12, 2025, as previously mentioned, revealed R1 remained
21 non-compliant even after being placed on Medication Management. The ED revealed R1 continued to
22 have their Prescriptions refilled and have picked them up from Pharmacies on their own. In addition, R1
23 has prohibited staff from removing them from their possession. R1 also continues to have their
24 medication unsecured and sprawled around their room. Due to R1's continued noncompliance with
25 medication management R1 was given a 30-day eviction notice on June 4, 2025, and an amended
26 version on June 13, 2025, which resulted in the current complaint regarding and unlawful eviction that
27 was under investigation.
28

29 Based on staff interviews and record reviews revealed a preponderance of evidence that R1 has
30 displayed disregard to the facility's policy regarding safeguarding their medication, therefore the
31 complaint regarding an unlawful eviction was determined to be unsubstantiated. An
32 UNSUBSTANTIATED finding means that there was not a preponderance of evidence to prove the
violation occurred.

An exit interview was conducted with Irma Miranda,, to whom a copy of this report and the
Licensee/Appeal Rights (LIC 9058 03/22) will be provided after the conclusion of the visit.

This is an amended complaint from the original version dated July 15, 2025.

NAME OF LICENSING PROGRAM MANAGER: Robyn Clark

NAME OF LICENSING PROGRAM ANALYST: Debbie Correia

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/23/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/23/2025

LIC9099 (FAS) - (06/04)

Page: 3 of 3