

# Department of SOCIAL SERVICES

*Community Care Licensing*

## COMPLAINT INVESTIGATION REPORT

Facility Number: 374600890  
Report Date: 02/18/2026  
Date Signed: 02/18/2026 06:02:58 PM

**Substantiated**

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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/06/2026** and conducted by Evaluator Dang Nguyen

	<b>COMPLAINT CONTROL NUMBER: 08-AS-20260206081522</b>
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<b>FACILITY NAME:</b> ATRIA COLLWOOD	<b>FACILITY NUMBER:</b> 374600890
<b>ADMINISTRATOR:</b> JULIA LOPEZ	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 5308 MONROE AVE	<b>TELEPHONE:</b> (619) 286-3583
<b>CITY:</b> SAN DIEGO	<b>STATE:</b> CA
<b>CAPACITY:</b> 185	<b>ZIP CODE:</b> 92115
	<b>DATE:</b> 02/18/2026
	<b>UNANNOUNCED TIME BEGAN:</b> 09:00 AM
<b>MET WITH:</b> Receptionist Tessa Randolph, Executive Director Julia Lopez, Community Business Director Kitty Totorica	<b>TIME COMPLETED:</b> 06:20 PM

**ALLEGATION(S):**

1	Licensee pursued unlawful eviction of resident.
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Dang Nguyen conducted an unannounced visit to continue a Complaint
2	Investigation regarding the above allegation. LPA was welcomed by, identified himself to, and discussed
3	the purpose of the visit with Receptionist Tessa Randolph. LPA later met with Executive Director Julia
4	Lopez and Community Business Director Kitty Totorica.
5	
6	The Complainant alleged that Licensee pursued an unlawful eviction of Resident #1 (R1). [See LIC 811
7	Confidential Names List for a description of select person identifiers used in this report.] CCLD's
8	investigation involved multiple unannounced facility tours/welfare checks, review of care and billing
9	records on R1, and interviews of R1, multiple pertinent staff, and outside sources.
10	
11	[CONTINUED ON LIC 9099-C]
12	
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<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Simon Jacob  
**LICENSING EVALUATOR NAME:** Dang Nguyen  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 02/18/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/18/2026

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-20260206081522

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:** 02/18/2026

### NARRATIVE

1 [CONTINUED FROM LIC 9099]  
2

3 Records and interviews showed: On 01/08/2026, Licensee served R1 with a written thirty (30) day notice  
4 eviction letter due to non-payment of rent. The letter read, in part: "This letter (the "Notice") constitutes  
5 thirty day's notice to pay or your Residency Agreement dated 5/31/2023 (the "Agreement") with Atria  
6 Collwood, License No. 374600890 (the "Community") will be terminated pursuant to the Agreement. This  
7 Notice is based on your non-payment of all fees and charges within ten days of the due date. The total  
8 amount now due and owing as of the date of this letter is: \$15,054.00. You must pay this amount by  
9 2/21/2026, or within thirty days of service of this Notice upon you, whichever is later (the "Effective  
10 Date"). Unless you pay this amount, you are required to move from and surrender possession of your  
11 apartment on or before the Effective Date." This letter included various elements customary and  
12 required in RCFE eviction letters, such as the disclaimer paragraph specified in HSC 1569.683(a)(4), a  
13 disclaimer about the resident's right to file a complaint and contact information for CCLD and the Long-  
14 Term Care Ombudsman, and resources available to assist in identifying alternative housing and care  
15 options.  
16

17 However, LPA's review of R1's monthly billing statements, confirmed by interview of the facility's  
18 Community Business Director, showed: As of 01/08/2026, the date of service of R1's eviction letter, R1's  
19 total unpaid past due balance owed to Licensee was \$14,829.00. Of this past due balance, the  
20 portion/segment that was over ten (10) days past due was \$8,707.00. [Per CCR 87224(a)(1), a Licensee  
21 may issue a "thirty (30) days written notice" to a resident for "nonpayment of the rate for basic services  
22 within ten days of the due date."] For an eviction letter dated and served on 01/08/2026, it was only this  
23 last amount which Licensee was legally allowed to list. Also, the amount listed in Licensee's eviction  
24 letter to R1 did not match the amount listed in Licensee's own monthly billing statement issued to R1.  
25

26 Based on records and interviews, a preponderance of evidence exists to show that Licensee pursued an  
27 unlawful eviction of R1. The allegation is therefore Substantiated, and one (1) deficiency was cited for it,  
28 per California Code of Regulations, Title 22 (refer to the attached LIC 9099-D page). A Plan of  
29 Correction was jointly developed with the Licensee.  
30

31 An exit interview was conducted with Executive Director Julia Lopez and Community Business Director  
32 Kitty Totorica, to whom a copy of this report, the LIC 9099-D page, the LIC811 Confidential Names List,  
and the Licensee/Appeal Rights (LIC9058 03/22) were provided.

**SUPERVISORS NAME:** Simon Jacob  
**LICENSING EVALUATOR NAME:** Dang Nguyen  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 02/18/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/18/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 6

**Control Number** 08-AS-20260206081522

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION

**COMPLAINT INVESTIGATION REPORT (Cont)**

SAN DIEGO RO, 7575 METROPOLITAN DR. #109  
SAN DIEGO, CA 92108

**FACILITY NAME:** ATRIA COLLWOOD

**FACILITY NUMBER:** 374600890

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 02/18/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 02/20/2026 Section Cited CCR 87224(a)(1)	1 87224 Eviction Procedures: "(a) The 2 licensee may evict a resident for one or 3 more of the reasons listed in Section 4 87224(a)(1) through (5). Thirty (30) 5 days written notice to the resident is 6 required...(1) Nonpayment of the rate 7 for basic services within ten days of the due date." This requirement was not met, as evidenced by:	1 Licensee agreed to personally serve R1 2 with a letter informing them that the 3 eviction letter dated 01/08/2026 is 4 rescinded, due to an identified error. 5 Licensee agreed to E-mail LPA a copy 6 of the rescission letter, by the POC due 7 date. (This does not preclude Licensee from reissuing a 30-day notice eviction letter to R1, with an amended date and dollar amount.)
	8 Based on records and interviews, 9 Licensee issued a thirty (30) days 10 written notice to 1 of 85 residents (R1) 11 for nonpayment of basic services, but 12 Licensee claimed a figure which was 13 beyond the amount that was more than 14 ten days past due. This posed a potential personal rights risk to persons in care.	

**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

**SUPERVISORS NAME:** Simon Jacob  
**LICENSING EVALUATOR NAME:** Dang Nguyen  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_  
**DATE:** 02/18/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_  
**DATE:** 02/18/2026

LIC9099 (FAS) - (06/04)

Page: 3 of 6

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 **02/06/2026** and conducted by Evaluator Dang Nguyen

**COMPLAINT CONTROL NUMBER:** 08-AS-20260206081522

**FACILITY NAME:** ATRIA COLLWOOD

**FACILITY NUMBER:** 374600890

**ADMINISTRATOR:**JULIA LOPEZ

**FACILITY TYPE:** 740

**ADDRESS:** 5308 MONROE AVE **TELEPHONE:** (619) 286-3583  
**CITY:** SAN DIEGO **STATE:** CA **ZIP CODE:** 92115  
**CAPACITY:** 185 **CENSUS:** 85 **DATE:** 02/18/2026  
**UNANNOUNCED TIME BEGAN:** 09:00 AM  
**MET WITH:** Receptionist Tessa Randolph, Executive Director  
 Julia Lopez, Community Business Director Kitty Totorica **TIME COMPLETED:** 06:20 PM

**ALLEGATION(S):**

1	Licensee charged resident for services not provided.
2	
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Dang Nguyen conducted an unannounced visit to continue a Complaint
2	Investigation regarding the above allegation. LPA was welcomed by, identified himself to, and discussed
3	the purpose of the visit with Receptionist Tessa Randolph. LPA later met with Executive Director Julia
4	Lopez and Community Business Director Kitty Totorica.
5	
6	The Complainant alleged that Licensee charged Resident #1 (R1) for services not provided. [See LIC
7	811 Confidential Names List for a description of select person identifiers used in this report.] CCLD's
8	investigation involved multiple unannounced facility tours/welfare checks, review of care and billing
9	records on R1, and interviews of R1, multiple pertinent staff, and outside sources.
10	
11	The Complainant said that during late 2025, Licensee reassessed R1's level of care, arbitrarily charging
12	R1 for care services which were not clearly understood by R1, and which were not rendered to R1, in
13	practice. [CONTINUED ON LIC 9099-C, 1 of 2]

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Simon Jacob  
**LICENSING EVALUATOR NAME:** Dang Nguyen  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_ **DATE:** 02/18/2026

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**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_ **DATE:** 02/18/2026

**This report must be available at Child Care and Group Home facilities for public review for 3 years.**  
 LIC9099 (FAS) - (06/04) Page: 4 of 6

**Control Number 08-AS-20260206081522**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
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**FACILITY NAME:** ATRIA COLLWOOD **FACILITY NUMBER:** 374600890  
**VISIT DATE:** 02/18/2026

**NARRATIVE**

1	[CONTINUED FROM LIC 9099-A]
2	
3	Records and interviews showed: R1 moved into the facility during May 2023 and was their own payee
4	and responsible person. Per R1's LIC602 Physician's Reports, since move-in, R1 has been diagnosed
5	with Lung Cancer, Chronic Obstructive Pulmonary Disease (COPD), Gait Instability, and Fatigue. R1 did
6	not have Dementia or Mild Cognitive Impairment (MCI) and showed no sign of memory loss to LPA.
7	While R1 had a diagnosis of Schizophrenia, R1 also displayed to LPA that they were fully oriented to
8	persons, time, date, and place.
9	
10	Electronic date and timestamped charting/progress notes, corroborated by facility care records and care
11	staff interviews, showed: For most of R1's residency, R1 was independent in Activities of Daily Living
12	(ADLs), requiring no care services from Licensee, beyond basic room and board. However, R1 had a
13	general worsening in their baseline breathing ability during the complaint period. For example, between
14	

15 08/11/2025 and 01/12/2026, facility staff called 911 on at least six (6) separate occasions due to R1's  
16 difficulty breathing / shortness of breath episodes. Following one of their hospital visits in September  
17 2025, a foley-type urinary catheter was prescribed to R1 (which R1 continues to use).

18  
19 R1's updated LIC602 Physician's Report from 09/16/2025 mentioned R1 having "acute lower respiratory  
20 infection," "acute hypoxic respiratory failure," "elevated brain natriuretic peptide level" (indicates  
21 increased stress, pressure, or fluid overload on the heart), and "urinary retention due to benign prostatic  
22 hyperplasia." R1's updated LIC602 Physician's Report from 12/30/2025 mentioned R1 having "acute  
23 hypoxic and hypercapnic failure," "COPD exacerbation," and earlier "pneumonia."  
24

25 On 10/22/2025, Licensee performed a formal care plan reassessment / reappraisal on R1, determining  
26 that R1, as of that date, required caregiver assistance with dressing once (1) per day, catheter care four  
27 (4) times per day, daily housekeeping, visual status checks three (3) times per day, and scheduled meal  
28 tray / room service three (3) times per day. These changes placed R1 at what Licensee called "Level 3"  
29 Care. On 01/22/2026, Licensee performed a second formal care plan reassessment / reappraisal on R1,  
30 determining that R1, as of that date, no longer required dressing assistance or meal tray / room service.  
31 However, R1 continued to require catheter care four (4) times per day and daily housekeeping. Also,  
32 visual status checks on R1 increased to six (6) times per day. These changes placed R1 at what  
Licensee called "Level 2" Care. [CONTINUED ON LIC 9099-C, 2 of 2]

**SUPERVISORS NAME:** Simon Jacob  
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<b>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</b>	<b>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES</b>
<b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	<b>COMMUNITY CARE LICENSING DIVISION</b>
	<b>SAN DIEGO RO, 7575 METROPOLITAN DR. #109</b>
	<b>SAN DIEGO, CA 92108</b>

**FACILITY NAME:** ATRIA COLLWOOD **FACILITY NUMBER:** 374600890  
**VISIT DATE:** 02/18/2026

**NARRATIVE**

1 [CONTINUED FROM LIC 9099-C, 1 of 2]  
2  
3 CCLD concluded that Licensee's 10/22/2025 and 01/22/2026 care reappraisals / reassessments of R1's  
4 needs were reasonable, given R1's overall change in condition. Although R1 claimed that Licensee did  
5 not clearly explain to them how their monthly costs would change in connection with these care level  
6 changes, R1's signature did appear on each of these reassessment / reappraisal documents. Manager  
7 interviews showed Licensee verbally explained to R1 how their costs would change, and did mail R1  
8 written disclosures reflecting the changes in their costs (i.e., showing before vs. after). Interview of R1,  
9 combined with interviews of multiple frontline caregivers and housekeepers, showed that Licensee's  
10 staff delivered the above assessed care services to R1, in practice, during the effective dates. LPA also  
11 reviewed date-stamped electronic care task logs, which showed facility caregivers consistently  
12 initialed/signed that these assessed care tasks were delivered to R1 during the effective dates, in  
13 practice.  
14  
15 Based on records and interviews, a preponderance of evidence does not exist to show that Licensee  
16 charged R1 for services not provided. The allegation is therefore Unsubstantiated, and no deficiency  
17 was cited for it.  
18  
19 An exit interview was conducted with Executive Director Julia Lopez and Community Business Director  
20 Kitty Totorica, to whom a copy of this report and the Licensee/Appeal Rights (LIC9058 03/22) were  
21 provided.  
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**SUPERVISORS NAME:** Simon Jacob  
**LICENSING EVALUATOR NAME:** Dang Nguyen  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_ **DATE:** 02/18/2026

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