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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374601046
Report Date: 04/02/2026
Date Signed: 04/07/2026 04:05:54 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507

This is an official report of an unannounced visit/investigation of a complaint received in our office on **03/15/2023** and conducted by Evaluator Sparkle Day

PUBLIC	COMPLAINT CONTROL NUMBER: 18-AS-20230315094815

FACILITY NAME:	BROOKDALE PLACE OF SAN MARCOS			**FACILITY NUMBER:**	374601046
ADMINISTRATOR:	PRESTON, MARIO			**FACILITY TYPE:**	740
ADDRESS:	1590 W SAN MARCOS BLVD			**TELEPHONE:**	(760) 471-9904
CITY:	SAN MARCOS	**STATE:** CA		**ZIP CODE:**	92078
CAPACITY:	0	**CENSUS:**		**DATE:**	04/02/2026
		UNANNOUNCED		**TIME BEGAN:**	11:40 AM
MET WITH:				**TIME COMPLETED:**	11:41 AM

ALLEGATION(S):

1	Staff did not prevent resident from having scabies multiple times.
2	Staff are humiliating resident.
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INVESTIGATION FINDINGS:

1	On March 21, 2023, Licensing Program Analyst (LPA), Chinwe Nwogene conducted an unannounced
2	visit for the purpose of investigating the above allegations. LPA met with Executive Director, Mario
3	Preston and explained the purpose of the visit.
4	
5	The Investigation consisted of the following:
6	ALLEGATION #1 STAFF DID NOT PREVENT RESIDENT FROM HAVING SCABIES MULTIPLE TIMES
7	It is alleged that R#1 got scabies 5 times while in care
8	On 3/21/2023 LPA Chinwe Nwogene interviewed Executive Director, reviewed resident file, and collected
9	copies of pertinent documents.
10	On 4/2/26 LPA Sparkle Day began follow up investigation. LPA Day attempted to reach reporting party as
11	well as the facility several times leaving voice mails and did not get a return call. The facility closed on
12	11/19/2025.
13	Due to facility closing we were unable to locate all parties involved in the complaint. Therefore we were
	unable to complete a full investigation.

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Sparkle Day
LICENSING EVALUATOR SIGNATURE:
DATE: 04/02/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 04/02/2026

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

Control Number 18-AS-20230315094815

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: BROOKDALE PLACE OF SAN MARCOS **FACILITY NUMBER:** 374601046
VISIT DATE: 04/02/2026

NARRATIVE

Based upon this investigation, LPA finds that although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation(s) did or did not occur, therefore the allegation is UNSUBSTANTIATED

ALLEGATION #2 : STAFF ARE HUMILIATING R#1
It is alleged R#1 is being humiliating in the facility

The Investigation consisted of the following:

On 3/21/2023 LPA Chinwe Nwogene interviewed Executive Director, reviewed resident file, and collected copies of pertinent documents.
On 4/2/26 LPA Sparkle Day began follow up investigation. LPA Day attempted to reach reporting party as well as the facility several times leaving voice mails and did not get a return call. The facility closed on 11/19/2025. Due to facility closing we were unable to locate all parties involved in the complaint. Therefore we were unable to complete a full investigation.
Based upon this investigation, LPA finds that although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation(s) did or did not occur, therefore the allegation is UNSUBSTANTIATED

A copy of this report will be mailed to the last known address: 1590 W. San Marcos Blvd
San Marcos, CA 92078

SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Sparkle Day
LICENSING EVALUATOR SIGNATURE:
DATE: 04/02/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 04/02/2026