

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374601134
Report Date: 12/17/2025
Date Signed: 12/17/2025 02:23:32 PM

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 **10/05/2022** and conducted by Evaluator Becky Kennedy

	COMPLAINT CONTROL NUMBER: 08-AS-20221005150217
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FACILITY NAME: SUNRISE AT LA COSTA	FACILITY NUMBER: 374601134
ADMINISTRATOR: LAVENDER, WESLEY D	FACILITY TYPE: 740
ADDRESS: 7020 MANZANITA ST	TELEPHONE: (760) 930-0060
CITY: CARLSBAD	STATE: CA
CAPACITY: 120	ZIP CODE: 92008
MET WITH: Jennifer Ortega	CENSUS: 86
	DATE: 12/17/2025
	UNANNOUNCED TIME BEGAN: 02:04 PM
	TIME COMPLETED: 03:05 PM

ALLEGATION(S):

1	Staff obtained outside services for the resident without prior authorization
2	Staff did not properly supervise the resident
3	Staff did not get resident appraisal updated
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Becky Kennedy conducted an unannounced complaint visit to the
2	facility to deliver findings on the above allegations. LPA was granted entry to the facility after identifying
3	herself. LPA met with Jennifer Ortega, Executive Director and explained the purpose of the visit
4	
5	The Department's investigation consisted of review of facility records, outside source records, and
6	interviews of facility staff and outside sources.
7	
8	The allegations in this complaint all involve Resident 1 (R1).
9	The investigation revealed R1's mental wellbeing was of some concern prior to admission, including a
10	period of psychiatric hospitalization about a month prior to admission. The initial assessment for R1
11	noted a mood of sadness and the facility staff would encourage R1 to express their feelings and
12	concerns during mood changes
13	

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Jerry Romero

LICENSING EVALUATOR NAME: Becky Kennedy
LICENSING EVALUATOR SIGNATURE:

DATE: 12/17/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/17/2025

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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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: SUNRISE AT LA COSTA

FACILITY NUMBER: 374601134

VISIT DATE: 12/17/2025

NARRATIVE

1 R1's physician's report noted R1 was depressed but was not suicidal. The physician determined that R1
2 could leave the facility without supervision.

3
4 About five months after admission R1 was overheard talking with a suicide prevention hotline. The
5 facility staff contacted R1's responsible party who was unavailable to assist in obtaining an assessment
6 of R1's needs. The facility contacted the Psychiatric Emergency Response Team (PERT), and after the
7 PERT assessment R1 was transported to a hospital for evaluation. Two days after the PERT
8 assessment the resident was released from the hospital without being admitted for in-patient psychiatric
9 services. The discharge documentation had a note signed by the physician stating R1 "is not suicidal".

10
11 Twenty-five days later R1 was brought into the facility accompanied by an outside individual who
12 reported that R1 was walking into traffic.

13
14 The following day facility staff conducted a Suicide Risk Assessment regarding R1. Although R1 denied
15 being suicidal, or having a plan, R1's behavior of walking in the street without an apparent concern for
16 their safety was noted.

17
18 After the assessment, and noting the very concerning behavior, facility staff determined that a one-to-
19 one companion was needed to keep R1 safe. An email was sent on a Monday to inform R1's
20 responsible party of the requirement for a one-to-one companion. Facility staff told R1's responsible
21 party that they had until Friday to hire a companion. On Wednesday facility staff hired a companion.
22 Interviews revealed that the facility's practice would be to use facility staff as one-to-one companions
23 until outside staff could be secured. R1 is responsible for the cost of these services.

24
25 It was alleged that facility staff obtained outside services for the resident without prior authorization.
26 Residential Care Facilities for the Elderly (RCFE) are required to follow Title 22, Division 6 Chapter 8
27 regulations. Section 87466-Observation of the Resident states that "the licensee shall ensure that
28 residents are regularly observed for changes in physical, mental, emotional and social functioning and
29 that appropriate assistance is provided when such observation reveals unmet needs."
30

31
32

SUPERVISORS NAME: Jerry Romero

LICENSING EVALUATOR NAME: Becky Kennedy

LICENSING EVALUATOR SIGNATURE:

DATE: 12/17/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/17/2025

LIC9099 (FAS) - (06/04)

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COMPLAINT INVESTIGATION REPORT (Cont)

NARRATIVE

1 A review of the admission agreement signed by R1's responsible party states that "the community will
 2 reevaluate resident's needs to determine which service level is appropriate... The fee charged will be
 3 based upon the Service Level provided."
 4
 5 The community determined that R1 needed additional services and arranged for those serviced to be
 6 provided. Not the admission agreement, nor the RCFE regulations require that prior authorization is
 7 required. This allegation is Unsubstantiated.
 8
 9 It was further alleged that facility staff did not properly supervise the resident.
 10
 11 The investigation revealed that R1's initial physician's report stated that R1 could leave the facility
 12 without supervision. Until the incident when R1 was found to be acting unsafe in traffic, the facility had
 13 no reason to supervise R1 outside of the community. This allegation is Unsubstantiated.
 14
 15 It was further alleged that facility staff did not get resident appraisal updated.
 16
 17 The investigation revealed that the day after the incident where R1 was unsafe in traffic, a Suicide Risk
 18 Assessment was completed to address the area of concern regarding R1. This allegation is
 19 Unsubstantiated.
 20
 21 Based on the evidence obtained during the complaint investigation, the above allegations are
 22 UNSUBSTANTIATED, meaning the preponderance of evidence standard was not met to prove a
 23 violation occurred.
 24
 25 An exit interview was conducted with Jennifer Ortega, Executive Director; a copy of this report and
 26 Licensee's Rights (LIC9058) were provided.
 27
 28
 29
 30
 31
 32

SUPERVISORS NAME: Jerry Romero
LICENSING EVALUATOR NAME: Becky Kennedy
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 12/17/2025

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FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 12/17/2025