

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374601228
Report Date: 05/13/2026
Date Signed: 05/13/2026 05:11:43 PM

Unsubstantiated

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	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 05/07/2026 and conducted by Evaluator Jacqueline Shaw Ross

	COMPLAINT CONTROL NUMBER: 18-AS-20260507220746
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FACILITY NAME:	ALTA VISTA MANOR	FACILITY NUMBER:	374601228
ADMINISTRATOR:	ANNA WILSON	FACILITY TYPE:	740
ADDRESS:	625 MARAZON LANE	TELEPHONE:	(760) 295-0506
CITY:	VISTA	ZIP CODE:	92083
CAPACITY:	15	DATE:	05/13/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	02:30 PM
	CENSUS: 13	TIME	05:10 PM
MET WITH:	Anna Wilson, Administrator	COMPLETED:	

ALLEGATION(S):

1	Staff administered unprescribed medication to residents.
2	Staff did not meet requirements to administer medications.
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INVESTIGATION FINDINGS:

1	On 05/13/2026, Licensing Program Analyst (LPA) Jacqueline Shaw-Ross, arrived unannounced to the facility to conduct an investigation into the above allegations. LPA met with Anna Wilson, Administrator and the purpose of the visit was explained. A tour of the facility was conducted inside and out. There were no health or safety issues observed.
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6	The Investigation Consisted of: LPA conducted the following interviews: Administrator Interview(A#1), Staff Interviews (S#1-S#2), Resident Interview (R#1-R#2), review of medication log, review of how medications are dispensed. LPA obtained the following documents: Resident Roster, Staff roster, Facility Staff Annual In-service training sheet dated: 04/19/2026.
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11	It was alleged that staff administer unprescribed medication to residents. Of the interviews conducted, 2 out of 2 residents report they have never been given unprescribed medication or witnessed any other resident being given medication that was unprescribed.
12	
13	Continued on LIC 9099-C...

Unsubstantiated

Estimated Days of Completion:

SUPERVISORS NAME: Riksha Stamps

LICENSING EVALUATOR NAME: Jacqueline Shaw Ross

LICENSING EVALUATOR SIGNATURE:

DATE: 05/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/13/2026

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 18-AS-20260507220746

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-
27
RIVERSIDE, CA 92507

FACILITY NAME: ALTA VISTA MANOR

FACILITY NUMBER: 374601228

VISIT DATE: 05/13/2026

NARRATIVE

1 Of the staff interviews conducted, 3 out of 3 staff report they have never instructed or been instructed to
2 give unprescribed medication to residents in care. Medications are bubble packed and stored in a
3 locked room and in a locked cabinet, and MAR system is actively utilized and maintained. Therefore the
4 allegation that staff are giving out unprescribed medication to residents in unsubstantiated.
5
6 It was alleged that caregivers did not meet the requirements to administer medication to residents.
7 Of all of the residents interviews, 2 out of 2 residents report they have never observed the facility having
8 untrained staff administer medication. Of all of the staff interviews conducted, 3 out of 3 staff report they
9 have never had or observed untrained caregivers administer medication. Based on all information
10 gathered including interviews with staff and residents, review of medication training records, MARS, and
11 observation of medication administration procedures, there was no indication that staff failed to meet the
12 requirements for administering medications. Investigation revealed that only designated staff are
13 permitted to administer medications. Medications are maintained in bubble packs, and designated staff
14 prepare the medications in cups before hand them to caregivers, who then provide the medications to
15 residents. Review of records confirmed the most recent medication training was conducted on
16 04/19/2026. Therefore, the allegation that staff do not meet the requirements to administer medications
17 to residents in care is unsubstantiated.
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19 Although the allegation may have happened or is valid, there is no preponderance of evidence to prove
20 the alleged violation did or did not occur, therefore the allegation is unsubstantiated. An exit interview
21 was conducted, and a copy of this report was provided.
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SUPERVISORS NAME: Riksha Stamps

LICENSING EVALUATOR NAME: Jacqueline Shaw Ross

LICENSING EVALUATOR SIGNATURE:

DATE: 05/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/13/2026
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