

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 374603212  
Report Date: 01/30/2026  
Date Signed: 01/30/2026 10:24:36 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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/15/2025** and conducted by Evaluator Janet Ngallo

	<b>COMPLAINT CONTROL NUMBER: 08-AS-20251215100548</b>
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<b>FACILITY NAME:</b> GOLD CANYON CARE HOME	<b>FACILITY NUMBER:</b> 374603212
<b>ADMINISTRATOR:</b> STOLZ, ARMIN	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 6461 QUILLAN STREET	<b>TELEPHONE:</b> (858) 836-1111
<b>CITY:</b> SAN DIEGO	<b>STATE:</b> CA
<b>CAPACITY:</b> 6	<b>ZIP CODE:</b> 92111
<b>MET WITH:</b> Administrator Armin Stolz	<b>DATE:</b> 01/30/2026
	<b>UNANNOUNCED TIME BEGAN:</b> 09:25 AM
	<b>TIME COMPLETED:</b> 10:45 AM

**ALLEGATION(S):**

1	Staff unlawfully evicted a resident.
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Janet Ngallo conducted an unannounced subsequent visit to deliver
2	findings regarding the above mentioned allegation. LPA identified themselves and met with Administrator
3	Armin Stolz to discuss the purpose of the visit and elements of the complaint.
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5	On 12/15/2025, it was alleged that staff unlawfully evicted Resident 1(R1). The department's
6	investigation consisted of interviews and records review. Interviews and records review revealed that on
7	12/12/2025, R1 sustained an unwitnessed fall and was transported to the hospital for evaluation and
8	treatment of a head injury. R1 returned to the facility the next morning after being treated. Interviews
9	revealed that staff did not refuse R1's return from the hospital. Staff stated that the hospital attempted to
10	discharge R1 at approximately 3:30 a.m., but the facility does not provide overnight staff, as residents
11	typically sleep through the night and no night watch was required while R1 was hospitalized. Records
12	review revealed that R1 was sent to the hospital with documentation notice advising the hospital not to
13	attempt return of R1 between midnight and 7:00 a.m. (Cont. on LIC 9099-C)

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Lizzette Tellez

LICENSING EVALUATOR NAME: Janet Ngallo  
LICENSING EVALUATOR SIGNATURE:

DATE: 01/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/30/2026

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-20251215100548

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: GOLD CANYON CARE HOME

FACILITY NUMBER: 374603212

VISIT DATE: 01/30/2026

### NARRATIVE

1 (Cont. from LIC 9099)

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Facility policy for overnight care needs, signed by R1, indicated that the facility does not employ an awake caregiver during overnight hours unless required, and R1 did not require such care.

An interview with outside source 1 (OS1) confirmed that they picked up R1 from the hospital the next morning and returned R1 to the facility the same day. OS1 stated that the facility did not refuse return of R1.

Based on interviews and records review, a preponderance of evidence does not exist to prove that the alleged violation occurred. Therefore, the allegation is determined to be UNSUBSTANTIATED.

An exit interview was conducted with Administrator Armin Stolz, to whom a copy of this report and the Licensee/Appeal Rights (LIC 9058 03/22) were provided and their signature confirms receipt of the report.

SUPERVISORS NAME: Lizzette Tellez

LICENSING EVALUATOR NAME: Janet Ngallo

LICENSING EVALUATOR SIGNATURE:

DATE: 01/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/30/2026

LIC9099 (FAS) - (06/04)

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