

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374603212
Report Date: 06/03/2026
Date Signed: 06/03/2026 11:30:01 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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/27/2026** and conducted by Evaluator Janet Ngallo

		COMPLAINT CONTROL NUMBER: 08-AS-20260527142053	
FACILITY NAME: GOLD CANYON CARE HOME		FACILITY NUMBER:	374603212
ADMINISTRATOR: STOLZ, ARMIN		FACILITY TYPE:	740
ADDRESS: 6461 QUILLAN STREET		TELEPHONE:	(858) 836-1111
CITY: SAN DIEGO		ZIP CODE:	92111
CAPACITY: 6		DATE:	06/03/2026
		UNANNOUNCED TIME BEGAN:	09:30 AM
MET WITH: Licensee Armin Stolz		TIME COMPLETED:	11:45 AM

ALLEGATION(S):

1	Unlawful Eviction.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Janet Ngallo conducted an unannounced visit to initiate a complaint
2	investigation and deliver findings regarding the above mentioned allegation. LPA identified themselves
3	and met with caregiver Mayra Stolz to discuss the purpose of the visit and elements of the complaint.
4	Licensee Armin Stolz joined the visit shortly after.
5	
6	On 05/27/2026, it was alleged that a resident (R1) was unlawfully evicted. The department's investigation
7	consisted of interviews and records review.
8	
9	Regarding the allegation, interviews with an outside source(OS1), reported that on 05/25/2026, R1 had a
10	behavioral episode and the facility called OS1 to notify them, and OS1 was called to pick R1 up. OS1
11	stated they removed R1 from the facility but did not receive a written eviction notice.
12	[Cont. on LIC 9099-C]
13	

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Lizzette Tellez

LICENSING EVALUATOR NAME: Janet Ngallo
LICENSING EVALUATOR SIGNATURE:

DATE: 06/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/03/2026

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-20260527142053

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
SAN DIEGO RO, 7575 METROPOLITAN DR. #109
SAN DIEGO, CA 92108

FACILITY NAME: GOLD CANYON CARE HOME

FACILITY NUMBER: 374603212

VISIT DATE: 06/03/2026

NARRATIVE

1 [Cont. from LIC 9099]
2

3 Interviews with the facility staff reported that although R1 had a behavioral outburst, the facility did not
4 intend to evict R1 and would have allowed them to return. Staff reported that OS1 asked staff to contact
5 law enforcement regarding the behavior and chose to remove R1 following the incident and moved R1
6 out the same week. Staff consistently stated the facility did not issue a written eviction notice because
7 there was no intent to evict R1. Staff stated they would have kept R1 and continued with one on one
8 care due to R1's behavioral episode.
9

10 Records review of R1's medical assessment revealed that R1 was diagnosed with schizoaffective
11 disorder, and can have expressions of frustration, can get aggressive, occasional yelling. Records
12 review of the incident report submitted to the department revealed that on 05/25/2026, R1 had a "melt
13 down" claiming that staff(S2) stole a pillow from them. S2 found the pillow, but R1 still accused S2 of
14 stealing it while yelling racist comments and throwing the contents of the dining table at S2. S2 had a
15 visible contusion where the item that was thrown hit on their body, but S2 refused medical treatment.
16 R1's Power of Attorney(POA) was contacted and requested that law enforcement be contacted. When
17 law enforcement arrived, they recommended R1's POA to remove R1 from the facility. R1's POA moved
18 R1 out of the facility by noon.
19

20 Based on interviews, records review, the preponderance of evidence standard has not been met,
21 therefore the above allegation is found to be unsubstantiated. An exit interview was conducted with
22 Licensee Armin Stolz and a copy of this report, along with Licensee/Appeal Rights (LIC 9058 01/16),
23 were provided. Their signature confirms receipts of these documents.
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SUPERVISORS NAME: Lizzette Tellez

LICENSING EVALUATOR NAME: Janet Ngallo

LICENSING EVALUATOR SIGNATURE:

DATE: 06/03/2026

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FACILITY REPRESENTATIVE SIGNATURE:

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LIC9099 (FAS) - (06/04)

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