

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# COMPLAINT INVESTIGATION REPORT

Facility Number: 374603231  
Report Date: 09/26/2025  
Date Signed: 09/27/2025 11:40:54 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 **04/04/2022** and conducted by Evaluator Sarah Hurt

	<b>COMPLAINT CONTROL NUMBER: 08-AS-20220404094758</b>
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<b>FACILITY NAME:</b> BELMONT VILLAGE CARDIFF	<b>FACILITY NUMBER:</b> 374603231
<b>ADMINISTRATOR:</b> ASHLEY MARCELLUS	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 3535 MANCHESTER AVE	<b>TELEPHONE:</b> (760) 436-8900
<b>CITY:</b> CARDIFF BY THE SEA	<b>ZIP CODE:</b> 92007
<b>CAPACITY:</b> 175	<b>DATE:</b> 09/26/2025
<b>MET WITH:</b> Executive Director, Wesley Lavender	<b>UNANNOUNCED TIME BEGAN:</b> 02:00 PM
	<b>TIME COMPLETED:</b> 02:15 PM

**ALLEGATION(S):**

1	Resident developed unstageable wound due to neglect
2	Staff did not ensure medical care for resident
3	Facility retained resident who required higher level of care
4	Staff did not administer medications as prescribed
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Sarah Hurt conducted a telephone call vmeeting/ visit on 09/26/2025 to
2	deliver Complaint findings on the allegations listed above. LPA met with facility staff Wesley Lavender
3	and explained the purpose of the phone meeting.
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5	Regarding the allegation, Resident developed an unstageable wound due to neglect. Documents show
6	Resident 1 developed a wound on the right forearm that progressed over time. Medical records attribute
7	the wound to a separate diagnosed medical condition. Facility staff were not responsible for wound care;
8	instead, AccentCare Home Health and Tri-City Medical Center provided ongoing treatment. Facility staff
9	monitored and reported changes. Although the wound worsened, the evidence does not show that
10	neglect by facility staff caused or contributed to the condition. Based on records reviewed, the allegation
11	is UNSUBSTANTIATED. Although the allegation may have happened or is valid, there is not a
12	preponderance of evidence to prove the alleged did or did not occur.
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<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**NAME OF LICENSING PROGRAM MANAGER:** See Moua  
**NAME OF LICENSING PROGRAM ANALYST:** Sarah Hurt  
**LICENSING PROGRAM ANALYST SIGNATURE:** \_\_\_\_\_  
**DATE:** 09/26/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_  
**DATE:** 09/26/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.  
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**Control Number** 08-AS-20220404094758

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p><b>COMPLAINT INVESTIGATION REPORT (Cont)</b></p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108</p>
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**FACILITY NAME:** BELMONT VILLAGE CARDIFF **FACILITY NUMBER:** 374603231  
**VISIT DATE:** 09/26/2025

NARRATIVE	
1	Regarding the allegation Staff did not ensure medical care for resident. Records confirm Resident 1 was
2	under the care of Tri-City physicians and AccentCare Home Health nurses. Facility staff followed
3	medical instructions and family also retained private caregivers. Allegations that staff failed to ensure
4	medical care could not be corroborated with available documentation. Based on records reviewed, the
5	allegation is UNSUBSTANTIATED. Although the allegation may have happened or is valid, there is not a
6	preponderance of evidence to prove the alleged did or did not occur.
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9	Regarding the allegation Facility retained resident who required higher level of care. Reporting party
10	alleged Resident 1 should have been transferred to skilled nursing due to the wound. However, treating
11	clinicians documented the wound required simple dressing changes and that Resident 1 remained
12	ambulatory, alert, and appropriate for RCFE level of care with home health support. There is insufficient
13	evidence to establish that the facility retained a resident beyond its licensed capacity. Based on records
14	reviewed, the allegation is UNSUBSTANTIATED. Although the allegation may have happened or is valid,
15	there is not a preponderance of evidence to prove the alleged did or did not occur.
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20	Regarding the allegation staff did not administer medications as prescribed. The complaint alleged
21	medication errors; however, available records do not contain documentation of missed or incorrect
22	medication administration. No corroborating evidence was provided to show Resident 1's prescribed
23	medications were not administered properly. Based on records reviewed, the allegation is
24	UNSUBSTANTIATED. Although the allegation may have happened or is valid, there is not a
25	preponderance of evidence to prove the alleged did or did not occur.
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27	No deficiencies cited Per title 22 regulations. An exit interview was conducted with facility Administrator
28	Wesley Lavender. A copy of this report along with appeal rights were provided.
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**NAME OF LICENSING PROGRAM MANAGER:** See Moua  
**NAME OF LICENSING PROGRAM ANALYST:** Sarah Hurt  
**LICENSING PROGRAM ANALYST SIGNATURE:** \_\_\_\_\_  
**DATE:** 09/26/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_  
**DATE:** 09/26/2025