

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374603231
Report Date: 02/22/2026
Date Signed: 02/24/2026 06:59:08 PM

Substantiated

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 **03/17/2022** and conducted by Evaluator Sarah Hurt

	COMPLAINT CONTROL NUMBER: 08-AS-20220317121016
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FACILITY NAME: BELMONT VILLAGE CARDIFF	FACILITY NUMBER: 374603231
ADMINISTRATOR: ASHLEY MARCELLUS	FACILITY TYPE: 740
ADDRESS: 3535 MANCHESTER AVE	TELEPHONE: (760) 436-8900
CITY: CARDIFF BY THE SEA	STATE: CA
CAPACITY: 175	ZIP CODE: 92007
	CENSUS: 160
	DATE: 02/22/2026
	UNANNOUNCED TIME BEGAN: 02:00 PM
MET WITH: Executive Director, Wes Lavnedar	TIME COMPLETED: 03:00 PM

ALLEGATION(S):

1	Staff did not contact police in a timely manner
2	Staff are not assessing residents for change in level of care
3	Staff are not meeting residents needs
4	Staff left resident in wheel chair for extended period of time
5	Facility is charging residents for services not used
6	Staff are not meeting residents showering needs
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Sarah Hurt conducted an unannounced facility visit to deliver findings on a complaint investigation. LPA Hurt met with facility Executive Wes Lavendar, and explained the purpose of today's visit.
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5	Regarding the allegation Staff did not contact police in a timely manner. The allegation was disclosed to family on 03/09/2022. Law enforcement was not contacted until 03/10/2022. Mandated reporting law requires immediate notification. Based on interviews conducted, the preponderance of evidence standard has been met, therefore the above allegation is found to be SUBSTANTIATED.
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Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: See Moua

LICENSING EVALUATOR NAME: Sarah Hurt
LICENSING EVALUATOR SIGNATURE:

DATE: 02/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/21/2026

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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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 **03/17/2022** and conducted by Evaluator Sarah Hurt

COMPLAINT CONTROL NUMBER: 08-AS-20220317121016

FACILITY NAME: BELMONT VILLAGE CARDIFF

FACILITY NUMBER: 374603231

ADMINISTRATOR: ASHLEY MARCELLUS
ADDRESS: 3535 MANCHESTER AVE
CITY: CARDIFF BY THE SEA
CAPACITY: 175

STATE: CA

CENSUS: 160

UNANNOUNCED

FACILITY TYPE: 740

TELEPHONE: (760) 436-8900

ZIP CODE: 92007

DATE: 02/22/2026

TIME BEGAN: 02:00 PM

TIME COMPLETED: 03:00 PM

MET WITH: Executive Director, Wes Lavendar

ALLEGATION(S):

- 1 Residents were sexually abused while in care
- 2 Staff are handling residents in a rough manner
- 3 Staff are verbally abusive towards residents.
- 4
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INVESTIGATION FINDINGS:

- 1 Licensing Program Analyst (LPA) Sarah Hurt conducted an unannounced facility visit to deliver findings
- 2 on a complaint investigation. LPA Hurt met with facility Executive Director, Wes Lavendar, and explained
- 3 the purpose of today's visit.
- 4
- 5
- 6 Regarding the allegation Residents were sexually abused while in care. Resident #1 alleged rape by a
- 7 staff member on 03/07 or 03/08/2022. Facility documentation shows staff entered the resident's room for
- 8 scheduled toileting. Law enforcement was contacted on 03/10/2022; during their interview the resident
- 9 did not recall or report sexual assault. The resident has documented memory impairment. No medical
- 10 exam or physical evidence was obtained. A second resident made a similar allegation without details or
- 11 examination. Although the allegation may have happened or is valid, there is not a preponderance of
- 12 evidence to prove the alleged violation did or did not occur, therefore the allegation is unsubstantiated.
- 13

Unsubstantiated

Estimated Days of Completion:

SUPERVISORS NAME: See Moua

LICENSING EVALUATOR NAME: Sarah Hurt

LICENSING EVALUATOR SIGNATURE:

DATE: 02/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/22/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC9099 (FAS) - (06/04)

Page: 2 of 7

Control Number 08-AS-20220317121016

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: BELMONT VILLAGE CARDIFF

FACILITY NUMBER: 374603231

VISIT DATE: 02/22/2026

NARRATIVE

1 Regarding the allegation Staff are handling residents in a rough manner. One resident reported being
2 handled roughly and experiencing back pain. Another reported staff refused assistance and told her to
3 "be quiet." No corroborating evidence or documentation was provided. Although the allegation may have
4 happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or did
5 not occur, therefore the allegation is unsubstantiated.
6

7 Regarding the allegation: Staff are verbally abusive towards residents. Reports indicate a staff member
8 told a resident to "shut up." No corroborating evidence or documentation was found. Although the
9 allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged
10 violation did or did not occur, therefore the allegation is unsubstantiated.
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12 Exit interview conducted with facility Executive Director, Wes Lavender, and appeal rights provided.
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SUPERVISORS NAME: See Moua

LICENSING EVALUATOR NAME: Sarah Hurt

LICENSING EVALUATOR SIGNATURE:

DATE: 02/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/22/2026

LIC9099 (FAS) - (06/04)

Page: 3 of 7

Control Number 08-AS-20220317121016**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: BELMONT VILLAGE CARDIFF

FACILITY NUMBER: 374603231

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/22/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 02/23/2026 Section Cited	1 87211(a)(1)(D) Reporting Requirements 2 – "The licensee shall report by 3 telephone to the licensing agency, local 4 law enforcement, and the responsible	1 The licensee shall ensure that all 2 suspected physical or sexual abuse is 3 reported immediately, or within 24 4 hours, to the licensing agency, local law

CCR 87211(a)(1)(D)	5 person any suspected physical abuse 6 ... immediately, or within 24 hours." 7 The following requirement has not been met as evidenced by:	5 enforcement, and the resident's 6 responsible party, as required by Title 22 CCR §87211. The licensee shall 7 review and revise its abuse reporting procedures to ensure immediate notification occurs. All staff shall receive training on mandated reporting requirements and timelines. Documentation of reports shall be maintained in resident files and submitted to LPA by POC date of 02/23/2026.
	8 Based on record review, the facility 9 failed to immediately notify law 10 enforcement when Resident #1 11 disclosed possible sexual abuse on 12 03/09/22. Law enforcement was not 13 contacted until 03/10/22. This posed an 14 immediate health and safety risk to all residents in care.	
Type B 03/08/2026 Section Cited CCR 87463(a)	1 87463 Reappraisals – "The licensee 2 shall arrange a meeting with the 3 resident and/or representative when a 4 significant change occurs in the 5 resident's condition to determine if the 6 facility can continue to meet the 7 resident's needs." The following requirement has not been met as evidenced by:	1 The licensee shall ensure a reappraisal 2 is conducted whenever a significant 3 change occurs in a resident's physical, 4 mental, or functional condition. The 5 licensee shall review procedures to 6 ensure residents and/or their 7 responsible representatives are included in the reappraisal process. Staff responsible for assessments shall be trained on identifying significant changes in condition and completing timely reappraisals. The licensee shall implement ongoing monitoring to ensure residents are placed and maintained at the appropriate level of care based on current reappraisals and send proof to LPA by POC date of 03/08/2026.
	8 Based on file review, residents with 9 dementia and wandering behavior were 10 moved from memory care into assisted 11 living without evidence of reappraisal, 12 while continuing to require memory 13 care services. This resulted in residents 14 not being placed at the appropriate level of care, which poses a potential, health, safety, or personal rights risk to residents in care.	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISORS NAME: See Moua LICENSING EVALUATOR NAME: Sarah Hurt LICENSING EVALUATOR SIGNATURE:		DATE: 02/22/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 02/22/2026

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
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Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
<p>Type B 03/08/2026 Section Cited CCR 87411(a)</p>	<p>1 87411 Personnel Requirements - 2 General (a) Facility personnel shall at 3 all times be sufficient in numbers, and 4 competent to provide the services 5 necessary to meet resident needs. In 6 facilities licensed for sixteen or more, 7 sufficient support staff shall be employed to ensure provision of personal assistance and care as required in Section 87608, Postural Supports. Additional staff shall be employed as necessary to perform office work, cooking, house cleaning, laundrying, and maintenance of buildings, equipment and grounds. The licensing agency may require any facility to provide additional staff whenever it determines through documentation that the needs of the particular residents, the extent of services provided, or the physical arrangements of the facility require such additional staff for the provision of adequate services. The following requirement has not been met as evidenced by:</p>	<p>1 The licensee shall ensure sufficient 2 staff are scheduled at all times to meet 3 residents' care and supervision needs. 4 The licensee shall review staffing 5 patterns in relation to resident acuity 6 and adjust staffing as necessary. Staff 7 shall be trained to provide care consistent with residents' assessed needs. The licensee shall implement ongoing oversight to ensure residents receive timely assistance and send proof to LPA by POC date of 03/08/2026.</p>
	<p>8 Based on record review, residents 9 reported not receiving assistance 10 consistent with their care needs. This 11 poses a potential, health and safety risk 12 to residents in care. 13 14</p>	<p>8 9 10 11 12 13 14</p>
<p>Type B 03/08/2026 Section Cited CCR 87468.2(a)(4)</p>	<p>1 87468.2 Additional Personal Rights of 2 Residents in Privately Operated 3 Facilities (a) In addition to the rights 4 listed in Section 87468.1, Personal 5 Rights of Residents in All Facilities, 6 residents in privately operated 7 residential care facilities for the elderly shall have all of the following personal rights: (4) To care, supervision, and services that meet their individual needs and are delivered by staff that are sufficient in numbers, qualifications, and competency to meet their needs. The following requirement has not been met as evidenced by:</p>	<p>1 The licensee shall ensure residents are 2 treated with dignity and are not left 3 seated for prolonged periods without 4 appropriate repositioning, assistance, 5 or activity consistent with their 6 assessed needs. Staff shall be trained 7 on residents' personal rights and mobility assistance requirements. The licensee shall review resident care plans to ensure mobility and repositioning needs are clearly identified and implemented, and send proof to LPA by POC date of 03/08/2026.</p>
	<p>8 Based on record review, residents 9 reported being left in wheelchairs all 10 day. This poses a potential, health and 11 safety risk to residents in care. 12 13 14</p>	<p>8 9 10 11 12 13 14</p>

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISORS NAME: See Moua

LICENSING EVALUATOR NAME: Sarah Hurt

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/22/2026

Control Number 08-AS-20220317121016

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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: BELMONT VILLAGE CARDIFF

FACILITY NUMBER: 374603231

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/22/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/08/2026 Section Cited CCR 87507	1 87507 Admission Agreement – “All 2 basic and optional services, rates, and 3 charges shall be specified in the 4 admission agreement. The licensee 5 shall not charge for services that are 6 not provided.” 7 The following requirement has not been met as evidenced by:	1 The licensee shall ensure residents are 2 charged only for services that are 3 specified in the admission agreement 4 and actually provided. The licensee 5 shall review all current admission 6 agreements and billing records to verify 7 accuracy. Any billing discrepancies shall be corrected. Administrative staff responsible for billing shall be trained on admission agreement requirements and appropriate billing practices. The licensee shall implement ongoing monitoring of billing records to ensure continued compliance and submit proof to LPA by POC date of 03/08/2026.
	8 Based on documentation, residents 9 were charged for memory care services 10 and the “Circle of Friends” program 11 despite not receiving or attending such 12 services. This violates the admission 13 agreement and created a financial 14 burden on residents, which poses a potential, health, safety, or personal rights risk to residents in care.	
Type B 03/09/2026 Section Cited CCR 87464(a)(2)	1 87464(a)(2) Basic Services – Personal 2 Care and Supervision – “Basic services 3 shall at a minimum include: (2) 4 Personal assistance and care as 5 needed by the resident ... including 6 assistance with bathing, grooming, 7 dressing, mobility, and other personal needs.” The following requirement has not been met as evidenced by:	1 The licensee shall ensure residents 2 receive personal care assistance, 3 including assistance with bathing and 4 hygiene, as needed. Staff shall be re- 5 trained on providing and documenting 6 personal care services in accordance 7 with residents’ assessed needs. The licensee shall review resident care plans to ensure required personal care services are identified and implemented. Ongoing supervision and periodic audits shall be conducted to ensure residents’ personal care needs are consistently met. and proof submitted to LPA by POC date of 03/09/2026.
	8 Based on record review, residents 9 reported not being assisted with 10 showers. This poses a potential, health 11 and safety risk to residents in care. 12 13 14	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISORS NAME: See Moua	
LICENSING EVALUATOR NAME: Sarah Hurt	
LICENSING EVALUATOR SIGNATURE:	DATE: 02/22/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
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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
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FACILITY NAME: BELMONT VILLAGE CARDIFF **FACILITY NUMBER:** 374603231
VISIT DATE: 02/22/2026

NARRATIVE	
1	Regarding the allegation staff are not assessing residents for change in level of care. Collateral notes
2	reflect multiple residents with dementia or wandering behaviors were moved from memory care into
3	assisted living, while continuing to be billed for memory care or for "Circle of Friends" services they did
4	not attend. Residents with ongoing needs had access to unsecured patios and were redirected after
5	wandering off facility grounds. Based on interviews conducted, and records reviewed the preponderance
6	of evidence standard has been met, therefore the above allegation is found to be SUBSTANTIATED.
7	
8	Regarding the allegation: Staff are not meeting residents' needs. Residents reported being left in
9	wheelchairs all day, refusing showers for extended periods, and not receiving appropriate dementia
10	care. Documentation indicates these concerns were known but not consistently addressed. Based on
11	information reviewed, staff did not consistently meet residents' basic care needs. Based on interviews
12	conducted, and records reviewed the preponderance of evidence standard has been met, therefore the
13	above allegation is found to be SUBSTANTIATED.
14	
15	Regarding the allegation: Staff left resident in wheelchair for extended period of time. Resident reports
16	indicate a lack of transfer to recliner and being left in a wheelchair throughout the day. Based on
17	interviews conducted and records reviewed, the preponderance of evidence standard has been met,
18	therefore the above allegation is found to be SUBSTANTIATED.
19	
20	Regarding the allegation: Facility is charging residents for services not used. Residents were billed for
21	memory care or for "Circle of Friends" programming despite not receiving or attending these services.
22	The documentation reviewed identifies several residents impacted. Based on records reviewed and
23	interviews conducted, the preponderance of evidence standard has been met, therefore the above
24	allegation is found to be SUBSTANTIATED.
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26	
27	Regarding the allegation Staff are not meeting residents' showering needs. Records indicate a facility
28	resident had not been showered in one month. This is consistent with concerns of resident care needs
29	not being met. Based on records reviewed, the preponderance of evidence standard has been met,
30	therefore the above allegation is found to be SUBSTANTIATED.
31	
32	The following deficiencies are being cited Per Title 22 Regulations. Exit Interview conducted with
	Executive Director Wes Lavender, and a copy of this report provided.

SUPERVISORS NAME: See Moua	
LICENSING EVALUATOR NAME: Sarah Hurt	
LICENSING EVALUATOR SIGNATURE:	DATE: 02/22/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 02/22/2026