

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374603253
Report Date: 08/20/2026
Date Signed: 08/21/2026 08:19:34 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 **07/22/2022** and conducted by Evaluator Angelica Boyles

		COMPLAINT CONTROL NUMBER: 08-AS-20220722111442	
FACILITY NAME: LANTERN CREST		FACILITY NUMBER:	374603253
ADMINISTRATOR: DIANA SANTANA		FACILITY TYPE:	740
ADDRESS:	800 LANTERN CREST WAY	TELEPHONE:	(619) 258-8886
CITY:	SANTEE	ZIP CODE:	92071
CAPACITY:	180	DATE:	08/20/2026
		UNANNOUNCED TIME BEGAN:	01:10 PM
MET WITH: Executive Director Liz Najera		TIME COMPLETED:	03:40 PM

ALLEGATION(S):

1	Facility staff did not follow the terms and conditions of the admission agreement.
2	Resident did not receive medication as prescribed.
3	Facility did not meet residents needs.
4	Resident's room was not cleaned.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Angelica Boyles conducted an unannounced visit to the facility to
2	deliver investigative findings regarding the above mentioned allegations. LPA identified herself, explained
3	the purpose of the visit and nature of the complaint to Executive Director Liz Najera.
4	
5	On July 22, 2022 the Department received this complaint which alleged facility staff did not follow the
6	terms and conditions of the admission agreement for Resident #1 (R1), R1 did not receive medication as
7	prescribed, facility did not meet R1's needs, and R1's room was not cleaned. [See LIC811 Confidential
8	Name List for a description of select person identifiers used in this report.] There are limited records on
9	file from when this investigation was initially opened and the facility is only required to maintain resident
10	records for three years following the termination of services to the resident. The Department is therefore
11	unable to collect further records.
12	
13	(Continued on LIC9099-C)

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Simon Jacob

LICENSING EVALUATOR NAME: Angelica Boyles	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/20/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/20/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 1 of 2
Control Number 08-AS-20220722111442

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: LANTERN CREST	FACILITY NUMBER: 374603253
	VISIT DATE: 08/20/2026

NARRATIVE	
1	(Continued from LIC9099)
2	
3	Regarding the allegation that facility staff did not follow the terms and conditions of the admission
4	agreement, the Reporting Party specifically alleges that R1 did not receive bathing services regularly.
5	While the Department does have a record of R1's admission agreement, no other records were
6	collected that could have supported if terms and conditions were or were not being met at the time of the
7	allegation. Per the admission agreement, R1 was being billed the agreed upon amount signed by R1's
8	responsible party and there were no additional records collected to indicate differently.
9	
10	Regarding the allegation that R1 did not receive medication as prescribed, records collected revealed all
11	medications as administered per the Medication Administration Record (MAR) for R1.
12	
13	Regarding the allegation that facility did not meet R1's needs, there were no records collected to
14	indicate R1's needs were being neglected by the facility.
15	
16	Regarding the allegation that R1's room was not cleaned, observation notes from the LPA who initially
17	opened this complaint observed the facility to be in a clean condition. Upon this date of delivering
18	investigative findings, LPA observed resident bedrooms to be clean and in good repair.
19	
20	The Department concluded based on available records initially collected, there was no corroborating
21	evidence to support the above mentioned allegations. LPA reviewed facility records of annual
22	inspections and other complaint investigations and did not find any relevant information to support or
23	corroborate these allegations, therefore it is determined that the preponderance of evidence was not
24	met and these allegations are unsubstantiated.
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26	An exit interview was conducted with Executive Director Liz Najera, to whom a copy of this report and
27	the Licensee's Rights (LIC9058 01/16) were provided.
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SUPERVISORS NAME: Simon Jacob	
LICENSING EVALUATOR NAME: Angelica Boyles	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/20/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/20/2026