

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 374603339  
Report Date: 03/30/2025  
Date Signed: 03/30/2025 03:05:29 PM

**Substantiated**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/20/2023** and conducted by Evaluator Wendy Gibbs

	<b>COMPLAINT CONTROL NUMBER: 18-AS-20231020143409</b>
--	---

<b>FACILITY NAME:</b> MERIDIAN AT LAKE SAN MARCOS, THE	<b>FACILITY NUMBER:</b> 374603339
<b>ADMINISTRATOR:</b> FERLINA MCBRIDE	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 1177 SAN MARINO DR BLDG 1 & 2	<b>TELEPHONE:</b> (760) 510-7500
<b>CITY:</b> SAN MARCOS	<b>STATE:</b> CA <b>ZIP CODE:</b> 92078
<b>CAPACITY:</b> 170	<b>CENSUS:</b> 100 <b>DATE:</b> 03/30/2025
<b>MET WITH:</b> Melissa Sigala	<b>UNANNOUNCED TIME BEGAN:</b> 08:07 AM
	<b>TIME COMPLETED:</b> 03:00 PM

**ALLEGATION(S):**

1	Staff does not keep an accurate medication log.
2	
3	
4	
5	
6	
7	
8	
9	

**INVESTIGATION FINDINGS:**

1	On 03/30/2025, Licensing Program Analyst (LPA), Wendy Gibbs, conducted a subsequent complaint visit
2	to the facility listed above. LPA met with Memory Care Director, Melissa Sigala, and the purpose of
3	today's visit was explained. LPA was granted entry into the facility.
4	
5	The investigation consisted of the following:
6	On 10/26/2023, LPA Kathleen Banrasavong conducted an initial visit. The visit consisted of a facility tour,
7	interview with Administrator and review of facility record, and collected pertinent documents.
8	During a subsequent visit conducted on 03/29/2025, LPA Gibbs toured the facility, interviewed Staff S4-
9	S8, interviewed Residents R3-R7, and received copies of Staff S1 employee file.
10	During today's visit, LPA Gibbs interviewed Staff S9 and S10 and interviewed Resident R8-R12.
11	
12	The investigation revealed:
13	

**Substantiated** Estimated Days of Completion:

**NAME OF LICENSING PROGRAM MANAGER:** Eva M Alvarez  
**NAME OF LICENSING PROGRAM ANALYST:** Wendy Gibbs  
**LICENSING PROGRAM ANALYST SIGNATURE:** **DATE:** 03/30/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:** **DATE:** 03/30/2025

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 6

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  
**COMPLAINT INVESTIGATION REPORT**  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27  
RIVERSIDE, CA 92507

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/20/2023** and conducted by Evaluator Wendy Gibbs

**COMPLAINT CONTROL NUMBER:** 18-AS-20231020143409

**FACILITY NAME:** MERIDIAN AT LAKE SAN MARCOS, THE **FACILITY NUMBER:** 374603339  
**ADMINISTRATOR:** FERLINA MCBRIDE **FACILITY TYPE:** 740  
**ADDRESS:** 1177 SAN MARINO DR BLDG 1 & 2 **TELEPHONE:** (760) 510-7500  
**CITY:** SAN MARCOS **STATE:** CA **ZIP CODE:** 92078  
**CAPACITY:** 170 **CENSUS:** 100 **DATE:** 03/30/2025  
**MET WITH:** Melissa Sigala **UNANNOUNCED TIME BEGAN:** 08:07 AM  
**COMPLETED:** 03:00 PM

**ALLEGATION(S):**  
1 Staff stealing residents medication.  
2  
3  
4  
5  
6  
7  
8  
9

**INVESTIGATION FINDINGS:**  
1 On 03/30/2025, Licensing Program Analyst (LPA), Wendy Gibbs, conducted a subsequent complaint visit  
2 to the facility listed above. LPA met with Memory Care Director, Melissa Sigala, and the purpose of  
3 today's visit was explained. LPA was granted entry into the facility.  
4  
5 The investigation consisted of the following:  
6 On 10/26/2023, LPA Kathleen Banrasavong conducted an initial visit. The visit consisted of a facility tour,  
7 review of facility record, interviewed staff, and collected pertinent documents.  
8 During a subsequent visit conducted on 03/29/2025, LPA Gibbs toured the facility, interviewed Staff S4-  
9 S8, interviewed Residents R3-R7, and received copies of Staff S1 employee file.  
10 During today's visit, LPA Gibbs interviewed Staff S9 and S10 and interviewed Resident R8-R12.  
11  
12 The investigation revealed:  
13

**Unsubstantiated** Estimated Days of Completion:

**NAME OF LICENSING PROGRAM MANAGER:** Eva M Alvarez  
**NAME OF LICENSING PROGRAM ANALYST:** Wendy Gibbs  
**LICENSING PROGRAM ANALYST SIGNATURE:** **DATE:** 03/30/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/30/2025

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 6

Control Number 18-AS-20231020143409

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27  
RIVERSIDE, CA 92507

### COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: MERIDIAN AT LAKE SAN MARCOS, THE

FACILITY NUMBER: 374603339

VISIT DATE: 03/30/2025

#### NARRATIVE

1 Allegation: Staff stealing resident medication.  
 2  
 3 The allegation alleges that staff is stealing residents' medication.  
 4  
 5 During record review, LPA reviewed the Medication Administration Records  
 6 (MAR) and Physician's Orders for 10 residents. During the facility tour LPA  
 7 inspected the medication room and reviewed the MAR and medications for  
 8 10 residents. LPA observed eight (8) out of ten (10) resident medications  
 9 are consistent with properly documented records. LPA reviewed 15  
 10 residents Controlled Drug Administration Record and conducted a Narcotic  
 11 Drug pill count. LPA observed fifteen (15) out of fifteen (15) Controlled Drug  
 12 Administration Record and pill count are consistent with properly  
 13 documented records.  
 14  
 15  
 16  
 17  
 18  
 19  
 20 During interviews with Staff S3-S10, were asked if they suspect, seen, or  
 21 heard of staff stealing medications, three (3) out of eight (8) stated they  
 22 had heard a while ago that a staff might be stealing resident's narcotics,  
 23 but nothing recently.  
 24  
 25 During interviews with Residents R3- R12, were asked if they had any  
 26 concerns if staff were stealing their narcotics, ten (10) out of ten (10) stated  
 27 they have no concerns of staff taking their narcotics.  
 28  
 29  
 30  
 31 During the course of the investigation, LPA was unable to find evidence to  
 32 support the allegation. Although the allegation may have happened or is  
 valid, there is no preponderance of evidence to prove the alleged  
 violation(s) did or did not occur, therefore the allegation is  
**unsubstantiated.**

An exit interview was conducted with Memory Care Director, Melissa Sigala, and a copy of this report was provided.

NAME OF LICENSING PROGRAM MANAGER: Eva M Alvarez

NAME OF LICENSING PROGRAM ANALYST: Wendy Gibbs

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/30/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/30/2025

LIC9099 (FAS) - (06/04)

Page: 3 of 6

Control Number 18-AS-20231020143409

**COMPLAINT INVESTIGATION REPORT  
(Cont)**

FACILITY NAME: MERIDIAN AT LAKE SAN MARCOS, THE

FACILITY NUMBER: 374603339

VISIT DATE: 03/30/2025

**NARRATIVE**

1 Allegation: Staff does not keep an accurate medication log.  
2  
3 The allegation alleges that staff changes the medication count on the  
4 medical log and they not accurate.  
5  
6 During Staff File review, LPA reviewed a Separation Form for S1, indicating  
7 an Involuntary Termination for Violation of company Policy effective  
8 09/13/2024. Additionally, LPA reviewed a Suspension Notice for S1 dated  
9 09/10/2024, pending an investigation. LPA reviewed an Employee  
10 Counseling Report dated 01/09/2024 for an incident that occurred on  
11 12/05/2023. On 12/05/2023 there was a report of a discrepancy in the  
12 Controlled Substance count. The count sheet noted 10 pills and the bubble  
13 pack had 9 pills. During record review, LPA reviewed the Medication  
14 Administration Records (MAR) and Physician's Orders for 10 residents.  
15 During the facility tour LPA inspected the medication room and reviewed  
16 the MAR and medications for 10 residents. LPA observed eight (8) out of  
17 ten (10) resident medications are consistent with properly documented  
18 records. LPA reviewed 15 residents Controlled Drug Administration Record  
19 and conducted a Narcotic Drug pill count. LPA observed fifteen (15) out of  
20 fifteen (15) Controlled Drug Administration Record and pill count are  
21 consistent with properly documented records.  
22  
23 During interviews with Staff S3-S10, were asked if they have observed any  
24 discrepancies on the Controlled Drug Administration Record , four (4) out  
25 of eight (8) stated they have observed discrepancies on the Controlled  
26 Drug Administration Record.  
27 During interview with Residents R3-R12, were asked if they believe staff  
28 keep accurate documentation of their medications taken, ten (10) out of ten  
29 (10) stated they believe staff keep accurate records of their medications  
30 taken.  
31  
32

NAME OF LICENSING PROGRAM MANAGER: Eva M Alvarez

NAME OF LICENSING PROGRAM ANALYST: Wendy Gibbs

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/30/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/30/2025

**NARRATIVE**

1 During the course of the investigation, LPA was able to find evidence to  
 2 support the allegation. Based on LPAs observations and interviews which  
 3 were conducted and record review(s), the preponderance of evidence  
 4 standard has been met, therefore the above allegation(s) is found to be  
 5 SUBSTANTIATED. California code of Regulation, (Tittle 22, Division 6 &  
 6 Chapter number 8), are being cited on the attached LIC 9099D.  
 7  
 8  
 9

10 An exit interview was conducted with Memory Care Director, Melissa  
 11 Sigala, and a copy of this report and the Appeal Rights were provided.  
 12  
 13  
 14  
 15  
 16  
 17  
 18  
 19  
 20  
 21  
 22  
 23  
 24  
 25  
 26  
 27  
 28  
 29  
 30  
 31  
 32

**NAME OF LICENSING PROGRAM MANAGER:** Eva M Alvarez  
**NAME OF LICENSING PROGRAM ANALYST:** Wendy Gibbs  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 03/30/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/30/2025

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
 COMMUNITY CARE LICENSING DIVISION  
 RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27  
 RIVERSIDE, CA 92507

**COMPLAINT INVESTIGATION REPORT  
 (Cont)**

**FACILITY NAME:** MERIDIAN AT LAKE SAN MARCOS, THE  
**DEFICIENCY INFORMATION FOR THIS PAGE:**

**FACILITY NUMBER:** 374603339  
**VISIT DATE:** 03/30/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 04/09/2025 Section Cited CCR 87506(a)	1 87506 Resident Records (a)The 2 licensee shall ensure that a separate, 3 complete, and current record is 4 maintained for each resident in the 5 facility or in a central administrative 6 location readily available to facility staff 7 and to licensing agency staff.	1 Adminsitator will conduct an In-Service 2 for Med Tech and review proper 3 documentation for Medication 4 Administration. Logs for the in-service 5 will be emailed to LPA Gibbs by the 6 POC date. 7
	8 Based on observation, record review, 9 and interviews S1 had Employee	8 9

	10	Counseling Report due to	10	
	11	discrepancies in Controlled Drug	11	
	12	Administration Record and during file	12	
	13	review, LPA observed 2 out of 10 were	13	
	14	not consist with properly documented	14	
		records.		
	1		1	
	2		2	
	3		3	
	4		4	
	5		5	
	6		6	
	7		7	
	1		1	
	2		2	
	3		3	
	4		4	
	5		5	
	6		6	
	7		7	

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

**NAME OF LICENSING PROGRAM MANAGER:** Eva M Alvarez

**NAME OF LICENSING PROGRAM ANALYST:** Wendy Gibbs

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 03/30/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/30/2025