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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374603437
Report Date: 05/29/2026
Date Signed: 08/06/2026 01:33:54 PM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/13/2026** and conducted by Evaluator Amy Domingo

	COMPLAINT CONTROL NUMBER: 08-AS-20260213115042

FACILITY NAME:	SUNGARDEN TERRACE			**FACILITY NUMBER:**	374603437
ADMINISTRATOR:	SUSAN O'SHAUGHNESSY			**FACILITY TYPE:**	740
ADDRESS:	2045 SKYLINE DRIVE			**TELEPHONE:**	(619) 462-5831
CITY:	LEMON GROVE	**STATE:** CA		**ZIP CODE:**	91945
CAPACITY:	110	**CENSUS:** 42		**DATE:**	05/29/2026
		UNANNOUNCED		**TIME BEGAN:**	09:37 AM
MET WITH:	Susan O'Shaughnessy Administrator			**TIME COMPLETED:**	10:50 AM

ALLEGATION(S):

1	Licensee did not meet reporting requirements related to scabies incident.
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INVESTIGATION FINDINGS:

1	icensing Program Analyst (LPA) Amy Domingo conducted an unannounced visit to deliver the findings in
2	the above-mentioned complaint allegations. LPA Domingo identified herself and discussed the purpose of
3	the visit with Administrator
4	
5	During the investigation, LPA Domingo collected pertinent resident records as well as facility
6	documentation and conducted interviews with staff, and outside sources.
7	
8	On 2/13/26, the department received a complaint alleging the Licensee did not meet reporting
9	requirements related to scabies incident.
10	
11	Staff 1 (S1) stated that while they monitored the resident’s condition, no report was made to Community
12	Care Licensing (CCL) within the required timeframe.
13	
	(Continue on LIC9099C)

Substantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Simon Jacob
LICENSING EVALUATOR NAME: Amy Domingo
LICENSING EVALUATOR SIGNATURE:
DATE: 05/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 05/29/2026

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

Control Number 08-AS-20260213115042

FACILITY NAME: SUNGARDEN TERRACE **FACILITY NUMBER:** 374603437
VISIT DATE: 05/29/2026

NARRATIVE

(Continue LIC9099)

Staff 2 (S2) acknowledged awareness of R1's symptoms and confirmed that no verbal or written report was submitted to CCLD. S2 explained that they believed a report was only required once a formal diagnosis was confirmed, rather than at the onset of symptoms or suspicion of a communicable condition.

A review of records indicated that the facility did not submit an LIC 624 or any other type of required report to Community Care Licensing.

Under communicable disease guidelines used by Community Care Licensing and County Department Public Heath, scabies is classified as a communicable disease, and even one suspected case in a facility is treated as a potential outbreak due to ease of spread. Facilities are expected to report, isolate appropriately, and implement control measures.

Based on relevant interviews and records review, the preponderance of evidence has been met that alleged violation occurred and are therefore substantiated. Deficiencies are cited per California Code of Regulations, Title 22 (refer to the attached LIC 9099-D). A Plan of Correction was jointly developed with the licensee. An exit interview was conducted with Susan O'Shaughnessy, Administrator,, to whom a copy of this report, and the Licensee/Appeal Rights (LIC9058 03/22) were provided.

SUPERVISORS NAME: Simon Jacob
LICENSING EVALUATOR NAME: Amy Domingo
LICENSING EVALUATOR SIGNATURE:
DATE: 05/29/2026

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DATE: 05/29/2026

Control Number 08-AS-20260213115042

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 (Cont)

FACILITY NAME: SUNGARDEN TERRACE **FACILITY NUMBER:** 374603437

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 05/29/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 05/29/2026 **Section Cited** CCR 87211(a)(2)	(a) Each licensee shall furnish to the licensing agency such reports as the Department may require.. (2) Occurrences, such as epidemic outbreaks, poisonings,. which threaten the welfare, safety or health of residents .. shall be reported within 24 hours either by telephone or facsimile to the licensing agency and to the local health officer when appropriate.	Administrator agrees to complete a training with an outside source and provide proof of completion, which was completed prior to the POC date of today.
	This requirement was not met, as evidenced by: Licensee did not follow reporting requirements for 1 of 44 residents. This posted a potential personal rights risk to persons 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.

SUPERVISOR'S NAME: Simon Jacob
LICENSING EVALUATOR NAME: Amy Domingo
LICENSING EVALUATOR SIGNATURE:
DATE: 05/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 05/29/2026