

Department of

# SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 374603451

Report Date: 03/28/2025

Date Signed: 03/28/2025 02:00:05 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 **03/19/2025** and conducted by Evaluator Javina George

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 18-AS-20250319111801</b>
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<b>FACILITY NAME:</b> ESCONDIDO SENIOR LIVING	<b>FACILITY NUMBER:</b> 374603451
<b>ADMINISTRATOR:</b> SHAUN MCGUIRK	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 1351 E WASHINGTON AVE	<b>TELEPHONE:</b> (760) 741-3055
<b>CITY:</b> ESCONDIDO	<b>STATE:</b> CA <b>ZIP CODE:</b> 92027
<b>CAPACITY:</b> 143	<b>CENSUS:</b> 117 <b>DATE:</b> 03/28/2025
<b>MET WITH:</b> Jessica Playa, Executive Director	<b>UNANNOUNCED TIME BEGAN:</b> 08:58 AM
	<b>TIME COMPLETED:</b> 02:15 PM

#### ALLEGATION(S):

1	Staff did not safeguard resident's personal belongings.
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#### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Javina George made an unannounced visit to the facility to commence
2	a complaint investigation for the allegation listed above. LPA met with Jessica Playa, Executive Director
3	and explained the purpose of the visit and the elements of the allegation. The allegation was
4	investigated, and the investigation consisted of observations, interviews and records review.
5	
6	On 03/19/25 Community Care Licensing received a complaint alleging that staff did not safeguard
7	resident's personal belongings. It was alleged that on or around January 25, 2025 Resident #1 (R1)s
8	dentures were lost as they could not be located in R1s room, or on their person. It was further alleged
9	that the dentures were lost by a facility staff, and that the dentures would be replaced, and to provide the
10	bill. Per an interview with Resident Care Coordinator Shawna Emery it is believed that the dentures may
11	have accidentally been thrown inside the trash by one of the facility staff, as the dentures were allegedly
12	placed inside a popcorn bag. Per Shawna the trash receptacles were searched but nothing was found.
13	LPA conducted additional interviews that corroborated that previous administration did state that the
	facility would replace the lost

**Substantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Tricia Danielson  
**NAME OF LICENSING PROGRAM ANALYST:** Javina George  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 03/28/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/28/2025

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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**Control Number** 18-AS-20250319111801

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:** ESCONDIDO SENIOR LIVING

**FACILITY NUMBER:** 374603451

**VISIT DATE:** 03/28/2025

### NARRATIVE

1 dentures, if the dentures were lost by one of the facility staff. Per an interview with Executive Director  
2 Jessica Playa and Shawna Emery, Resident Care Coordinator Staff #1 (S1) admitted that they may  
3 have misplaced R1s dentures.  
4

5 Additionally, LPA conducted a records review and the resident handbook states "*we cannot be*  
6 *responsible for any items brought into the facility that is not listed on the resident personal property and*  
7 *values form*". LPA reviewed R1s personal property and values sheet dated 9/22/24, and it does note for  
8 R1 to have partial dentures. Further LPA reviewed correspondence an email dated 2/12/25 which  
9 included an invoice stating the replacement dentures would cost \$4,480.00. The next email reviewed  
10 dated 2/19/25 shows that the facility was going to conduct an internal investigation, and there is no  
11 further written correspondence to date in regards to the matter.  
12

13 Based on observation, interview and records review the allegation of Staff did not safeguard resident's  
14 personal belongings is substantiated. A finding that the complaint is substantiated means that the  
15 allegation is valid because the preponderance of the evidence standard has been met. A citation will be  
16 issued in accordance with the California Code of Regulations (Title 22, Division 6, Chapter 8).  
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18 An exit interview was conducted and a copy of this report, 9099D, appeal rights and LIC811-Confidential  
19 names list was reviewed and provided to Jessica Playa, Executive Director.  
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**NAME OF LICENSING PROGRAM MANAGER:** Tricia Danielson  
**NAME OF LICENSING PROGRAM ANALYST:** Javina George  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 03/28/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/28/2025

LIC9099 (FAS) - (06/04)

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**Control Number** 18-AS-20250319111801

**COMPLAINT INVESTIGATION REPORT  
 (Cont)**

**FACILITY NAME:** ESCONDIDO SENIOR LIVING  
**DEFICIENCY INFORMATION FOR THIS PAGE:**

**FACILITY NUMBER:** 374603451  
**VISIT DATE:** 03/28/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 04/11/2025 <b>Section Cited</b> CCR 87218(a)(2)	1 87218 (a)The licensee shall ensure an 2 adequate theft and loss program as 3 specified in H&S code 1569.153. (2) A 4 licensee who fails to make reasonable 5 efforts to safeguard resident property, 6 shall reimburse a resident for or replace 7 stolen or lost resident property at its current value. The Licensee shall be	1 The licensee agrees to replace in the 2 form of a credit to R1s account for the 3 amount of the dentures quoted on bill 4 provided on 2/12/25 for \$4,480.00 Proof 5 of POC is to be submitted to the 6 department by 5pm on the due date 7 (4/11/25) indicated.
	8 resumed to have made reasonable 9 efforts to safeguard resident property if 10 there is clear and convincing evidence 11 of efforts....This requirement is not met 12 as evidenced by: R1 dentures being 13 lost by facility staff. This poses a 14 potential health, safety and 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.**

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Tricia Danielson <b>NAME OF LICENSING PROGRAM ANALYST:</b> Javina George <b>LICENSING PROGRAM ANALYST SIGNATURE:</b>		<b>DATE:</b> 03/28/2025
<b>I acknowledge receipt of this form and understand my appeal rights as explained and received.</b>		
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>		<b>DATE:</b> 03/28/2025