

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374603565
Report Date: 09/05/2025
Date Signed: 09/05/2025 03:42:07 PM

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 **12/22/2021** and conducted by Evaluator Iby Strong

PUBLIC	COMPLAINT CONTROL NUMBER: 08-AS-20211222100718
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FACILITY NAME: LA VIDA REAL	FACILITY NUMBER: 374603565
ADMINISTRATOR: KIMBERLY GARCIA	FACILITY TYPE: 740
ADDRESS: 11588 VIA RANCHO SAN DIEGO	TELEPHONE: (619) 660-5778
CITY: EL CAJON	STATE: CA ZIP CODE: 92019
CAPACITY: 177	CENSUS: 126 DATE: 09/05/2025
MET WITH: Business Office Manager Kristin Molina	UNANNOUNCED TIME BEGAN: 01:00 PM
	TIME COMPLETED: 03:40 PM

ALLEGATION(S):

1	Licensee did not safeguard resident's personal information
2	Facility staff did not protect resident's privacy
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Iby Strong conducted an unannounced complaint visit to deliver
2	findings on the above-mentioned allegations. LPA met Business Office Manager Kristin Molina and
3	discussed the purpose of the visit.
4	
5	On December 22, 2021, Community Care Licensing (CCL) received a complaint alleging licensee did not
6	safeguard resident's personal information and facility did not protect resident's privacy. During the
7	investigation, the Department conducted interviews, and reviewed facility records.
8	
9	According to the allegation on December 20, 2021, a representative of Resident 1 (R1) received an
10	unwarranted phone call regarding additional services to be paid for out of pocket by R1, though R1 or
11	representative had not requested such services. Records from the Executive Director revealed that an
12	outside source medical agency had been recently contracted to provide rehabilitation services to
13	residents in care. Additional records show that such outside source medical agency had been providing
	services at the facility since November of 2021.

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Simon Jacob
NAME OF LICENSING PROGRAM ANALYST: Iby Strong
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/05/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/05/2025

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 2

Control Number 08-AS-20211222100718

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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: LA VIDA REAL

FACILITY NUMBER: 374603565

VISIT DATE: 09/05/2025

NARRATIVE

1 It was also alleged that prior to the phone call mentioned above, R1 was visited in their room on two
2 separate occasions by an unknown person and was asked for medical insurance documentation,
3 making R1 feel like their privacy was violated. According to records collected, the unknown person was
4 an employee of an outside source medical agency who was hired by the facility to provide rehabilitation
5 services. Interview with outside source confirmed that outside source medical agency was only
6 attempting to collect health insurance information to provide R1 with additional services.
7

8 Based on interviews, and record reviews there is not a preponderance of evidence to prove alleged
9 violations occurred, therefore the allegations are unsubstantiated. An exit interview was conducted with
10 Business Office Manager Kristin Molina, to whom a copy of this report, and the Licensee/Appeal Rights
11 (LIC 9058 03/22) were provided.
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NAME OF LICENSING PROGRAM MANAGER: Simon Jacob
NAME OF LICENSING PROGRAM ANALYST: Iby Strong
LICENSING PROGRAM ANALYST SIGNATURE:

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DATE: 09/05/2025