

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374603565
Report Date: 01/21/2026
Date Signed: 01/21/2026 03:14:59 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 **07/22/2022** and conducted by Evaluator Iby Strong

PUBLIC	COMPLAINT CONTROL NUMBER: 08-AS-20220722144719
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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
CAPACITY: 177	ZIP CODE: 92019
	CENSUS: 124
	DATE: 01/21/2026
	UNANNOUNCED TIME BEGAN: 03:00 PM
MET WITH: Executive Director Kimberly Garcia via telephone	TIME COMPLETED: 03:15 PM

ALLEGATION(S):

1	Staff did not meet the resident's needs
2	Staff did not follow physician's orders for resident
3	Licensee did not notify responsible party of resident's condition
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Iby Strong contacted Executive Director Kimberly Garcia via telephone to deliver findings on the above-mentioned allegation.
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4	On July 22, 2022, Community Care Licensing (CCL) received a complaint alleging staff did not meet Resident 1s (R1) needs, staff did not follow R1's physician orders and licensee did not notify responsible party of R1's condition. During the investigation, the Department conducted interviews and reviewed facility records.
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9	According to the allegation on or about July of 2022, Resident 1 (R1) did not receive services identified by R1's physician to include daily weight checks, continuous blood glucose monitoring and blood pressure monitoring. R1's Physician Report dated 12/17/2021, does not show that R1 required any continuous monitoring and is able to dress, groom and care for own toileting needs. Interview with outside source established that facility may be conducting such monitoring but is not documenting such checks.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Simon Jacob
LICENSING EVALUATOR NAME: Iby Strong
LICENSING EVALUATOR SIGNATURE:

DATE: 01/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/21/2026

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-20220722144719

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: LA VIDA REAL

FACILITY NUMBER: 374603565

VISIT DATE: 01/21/2026

NARRATIVE

1 It was also alleged that R1 was not being bathed or taken to dining room for lunch. Records collected
2 revealed R1 was being taken to the dining room and provided some meals in room as requested by the
3 resident. Interview with outside source could not confirm that R1 was not provided meals throughout the
4 day. Interview with another outside source revealed that there was no evidence of no bathing such as
5 body other.
6

7 Lastly, it was alleged that R1 had a change in skin condition and it was not reported to responsible party.
8 Records collected showed that as of April of 2022, R1's responsible party and medical provider were
9 notified of edema to the lower extremities. Records also show that the party responsible was present on
10 July 6, 2022, when staff found four edemas to both lower extremities and R1 was treated with antibiotics
11 later that day. Interview with outside source did not reveal any information that facility was not reporting
12 changes to R1 with the party responsible.
13

14 Based on interviews, and record reviews there is not a preponderance of evidence to prove alleged
15 violations occurred, therefore the allegations are unsubstantiated. An exit interview was conducted with
16 Executive Director, to whom a copy of this report, and the Licensee/Appeal Rights (LIC 9058) were
17 provided.
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DATE: 01/21/2026

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DATE: 01/21/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 2