

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 374603584  
Report Date: 12/30/2025  
Date Signed: 12/30/2025 02:43:24 PM

### Unsubstantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/13/2025** and conducted by Evaluator Janet Ngallo

|  |   |
|--|---|
|  | <b>COMPLAINT CONTROL NUMBER: 08-AS-20250113162207</b> |
|--|---|

|   |   |
|---|---|
| <b>FACILITY NAME:</b> ACTIVCARE AT MISSION BAY  | <b>FACILITY NUMBER:</b> 374603584       |
| <b>ADMINISTRATOR:</b> DESTEFANI, DAWN   | <b>FACILITY TYPE:</b> 740               |
| <b>ADDRESS:</b> 2440 GRAND AVENUE   | <b>TELEPHONE:</b> (858) 270-8000        |
| <b>CITY:</b> SAN DIEGO  | <b>STATE:</b> CA                        |
| <b>CAPACITY:</b> 60   | <b>ZIP CODE:</b> 92109                  |
|   | <b>DATE:</b> 12/30/2025                 |
|   | <b>UNANNOUNCED TIME BEGAN:</b> 09:30 AM |
| <b>MET WITH:</b> Be Le, Business Office Manager, Jeremy Przybylek, Marketing Director | <b>TIME COMPLETED:</b> 03:30 PM         |

**ALLEGATION(S):**

|   |  |
|---|--|
| 1 | Licensee did not take steps to prevent the spread of a communicable disease. |
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| 4 |  |
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| 7 |  |
| 8 |  |
| 9 |  |

**INVESTIGATION FINDINGS:**

|    |   |
|----|---|
| 1  | Licensing Program Analyst(LPA) Janet Ngallo conducted an unannounced subsequent visit to deliver      |
| 2  | findings regarding the above-mentioned complaint allegation. LPA introduced themselves and disclosed  |
| 3  | the purpose of the visit and elements of the complaint to Business Office Manager Be Le and Marketing |
| 4  | Director Jeremy Przybylek.  |
| 5  |   |
| 6  | On January 13th, 2025, it was alleged that facility did not take steps to prevent the spread of a     |
| 7  | communicable disease. The department's investigation consisted of unannounced facility visits, LPA    |
| 8  | observations, interviews with outside sources, facility staff, and records review.                    |
| 9  |   |
| 10 | (Cont. on LIC 9099-C)   |
| 11 |   |
| 12 |   |
| 13 |   |

|                        |                                      |
|------------------------|--------------------------------------|
| <b>Unsubstantiated</b> | <b>Estimated Days of Completion:</b> |
|------------------------|--------------------------------------|

**SUPERVISORS NAME:** Lizzette Tellez

LICENSING EVALUATOR NAME: Janet Ngallo  
LICENSING EVALUATOR SIGNATURE:

DATE: 12/30/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/30/2025

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 3

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SAN DIEGO, CA 92108

## COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: ACTIVCARE AT MISSION BAY

FACILITY NUMBER: 374603584

VISIT DATE: 12/30/2025

### NARRATIVE

1 (Cont. from LIC 9099)  
2  
3

4 Regarding the above-mentioned allegation, staff members and outside sources were interviewed. LPA  
5 attempted to interview several residents, however due to their major neurocognitive disorders, they were  
6 not considered reliable historians for the purpose of this investigation. Resident Power of Attorney(POA)  
7 interviews were conducted as all residents in the facility have some diagnosis of major neurocognitive  
8 disorder and reside in a secured memory care unit. Staff interviews did not corroborate the allegation, as  
9 staff consistently reported that infection control protocols were followed during the time of the outbreak,  
10 including the use of PPE, multiple in-service trainings on identifying and managing scabies, proper use  
11 of gowns and gloves, and handling contaminated clothing.

12 During the interview with the Executive Director(ED), it was stated that the same 3-4 residents who  
13 were initially infected experienced recurring cases of scabies. However, all other residents who  
14 contracted the disease were treated successfully and did not experience reinfection. The ED stated the  
15 facility consulted multiple physicians and specialists, followed public health guidance, and repeatedly  
16 treated and monitored affected residents.  
17

18 Outside source interviews (Resident 1 and 2's POA's) did not corroborate the allegation, as Outside  
19 Source 1 and Outside Source 2 (OS1 and OS2) consistently stated that the facility had consistent  
20 communication during the outbreak and that they had no concerns. Outside sources consistently stated  
21 that the outbreak was addressed professionally and that the facility did an excellent job at monitoring  
22 and communicating the status of the outbreak at the time.  
23

24  
25 (Cont. on LIC 9099-C pg. 2)  
26  
27  
28  
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30  
31  
32

SUPERVISORS NAME: Lizzette Tellez

LICENSING EVALUATOR NAME: Janet Ngallo

LICENSING EVALUATOR SIGNATURE:

DATE: 12/30/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/30/2025

LIC9099 (FAS) - (06/04)

Page: 2 of 3

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## COMPLAINT INVESTIGATION REPORT (Cont)

**NARRATIVE**

1 (Cont. from LIC 9099-C pg. 1)  
 2

3 Outside source 3 (OS3)(Previous resident 3's POA) stated that the facility did attempt to call about the  
 4 rash on their resident and that once OS3 agreed to use the facility's dermatologist, the treatment finally  
 5 worked and OS3 was satisfied with the care. While OS3 felt communication could have been clearer,  
 6 OS3's own account shows the facility tried to notify them and provided effective medical support.  
 7

8 Review of the facility records did not corroborate the allegation as documentation showed that staff  
 9 received in-service training on contact precautions, scabies, and PPE station maintenance supported by  
 10 email correspondence and caregiver sign-in sheets. Progress notes for R1, R2, R3, and R4 reflected  
 11 multiple instances of rash-related medication administration and POA notification, with additional records  
 12 confirming that residents received physician-prescribed treatment and were evaluated by a dermatology  
 13 specialist who ordered multiple medication treatments. Email correspondence from the Department of  
 14 Public Health revealed that the facility reported the scabies outbreak and was provided guidance  
 15 materials for prevention and control. The facility's infection control plan additionally outlined  
 16 comprehensive precautionary measures consistent with the practices staff described during interviews.  
 17

18 During the facility visit, the LPA observed residents well-groomed and clean. LPA observed  
 19 storage areas which contained adequate and appropriate Personal Protective Equipment (PPE),  
 20 including masks, gloves, gowns, and test kits.  
 21

22 Based on interviews, direct LPA observations and records review, a preponderance of evidence does  
 23 not exist to prove that the alleged violation occurred, therefore the allegation is UNSUBSTANTIATED.  
 24 An exit interview was conducted with Marketing Director Jeremy Przybylek, to whom a copy of this  
 25 report and the Licensee/Appeal Rights (LIC9058 03/22) were provided and their signature on this report  
 26 confirms receipt of the Licensee Rights.  
 27  
 28  
 29  
 30  
 31  
 32

**SUPERVISORS NAME:** Lizzette Tellez

**LICENSING EVALUATOR NAME:** Janet Ngallo

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 12/30/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 12/30/2025