

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374603688
Report Date: 06/26/2026
Date Signed: 06/26/2026 12:01:41 PM

Unsubstantiated

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	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 12/16/2024 and conducted by Evaluator Antonine Richard

	COMPLAINT CONTROL NUMBER: 18-AS-20241216123245
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FACILITY NAME:	SAPPHIRE CHARDONNAY	FACILITY NUMBER:	374603688
ADMINISTRATOR:	NAGHIBI, ALI	FACILITY TYPE:	740
ADDRESS:	484 CHARDONNAY COURT	TELEPHONE:	(760) 539-7791
CITY:	SAN MARCOS	ZIP CODE:	92069
CAPACITY:	6	DATE:	06/26/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	08:30 AM
	CENSUS: 6	TIME	
MET WITH:	Daphne Drapeau.	COMPLETED:	01:15 PM

ALLEGATION(S):

1	Staff did not ensure resident's wounds care needs were met.
2	Staff did not provide proper accommodations to resident in care.
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INVESTIGATION FINDINGS:

1	On June 26, 2026, the California Department of Social Services/Community Care Licensing (CDSS/CCL)
2	Licensing Program Analyst (LPA) Antonine Richard conducted an unannounced complaint visit. LPA met
3	with the Administrator (A1), Daphne Drapeau, and explained the purpose of the visit.
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5	The complaint investigations consisted of the following. On June 26, 2026, the Department obtained
6	various documents, including the Personnel Report LIC 500 (dated 02/01/26) and the Client Roster
7	(dated 04/17/26). The Department reviewed and collected documents for Resident 1 (R1), including the
8	Admission Agreement (dated 11/01/24); the physician's Report (dated 09/18/24); the Life Care Home
9	Health Services (LCHHS) records dated 10/08/24 to 12/20/24; the Uni Care Home Care (UCHC) records
10	dated 10/08/24 to 01/10/2025; and staff training on the client's personal rights dated 2024, 2025. On
11	12/20/24, the Department interviewed the Administrator (A1), two staff members (S1-S2), and six
12	Residents (R1-R6). On 06/26/26, the Department interviewed the Administrator (A1), 2 staff members
13	(S1-S2), and 3 residents (R2-R4). Today, the Department was unable to interview R1 because R1 moved
	out of the facility on February 12, 2025.

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Eva M Alvarez	
LICENSING EVALUATOR NAME: Antonine Richard	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/26/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/26/2026

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 5
Control Number 18-AS-20241216123245

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: SAPPHIRE CHARDONNAY **FACILITY NUMBER:** 374603688
VISIT DATE: 06/26/2026

NARRATIVE	
1	Staff did not ensure resident's wounds care needs were met.
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4	The complaint alleged that resident R1 had not been receiving proper wound care,
5	resulting in the development of additional wounds and a decline in health. On
6	December 20, 2024, the department interviewed the Administrator (A1), who
7	denied the allegation. A1 stated that R1 receives care from LCHHS and UCHC,
8	with both agencies visiting the facility once a week, for a total of twice-weekly
9	care. Nurses also see R1 during these visits. Additionally, facility staff check R1's
10	bandages daily and change them if necessary.
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14	On the same day, the department interviewed two staff members (S1 and S2), who
15	also denied the allegations and confirmed that two agencies provide wound care
16	for R1 and assist with activities of daily living. The department also interviewed
17	six residents (R1-R6), all of whom denied the allegations and stated that the
18	facility provides good care. R1 specifically mentioned that the wounds on their toe
19	are improving and that nurses visit once a week to assess and treat those wounds.
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24	On June 26, 2026, the department conducted an interview with the Administrator
25	(A1), who denied the allegation. The Administrator (A1) stated that two agencies,
26	LCHHS and UCHC, each visit Resident 1 (R1) once a week to provide wound care
27	and assist with activities of daily living. Additionally, the department interviewed
28	two staff members (S1 and S2), who also denied the allegations and stated that
29	when the wound care agency is not present, they assumed R1's care.
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LIC9099 (FAS) - (06/04) Page: 2 of 5
Control Number 18-AS-20241216123245

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-
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NARRATIVE	
1	On the same day, the department interviewed three residents (R2, R3, and R4). All three residents confirmed that the staff takes good care of them and expressed satisfaction with their living conditions.
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6	On December 20, 2024, the department observed the Wound Care Nurse at the facility attending to residents receiving services. The Nurse reported improvements since the previous visit. On June 26, 2026, Records reviewed indicated that reports from LCHHS and UCHC, dated from October 8, 2024, through December 20, 2024, and January 27, 2025, demonstrate that the facility was providing proper wound care through regular assessments and treatment by the agencies.
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11	Although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation (S) did or did not occur, therefore the allegation is unsubstantiated .
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16	Allegation #2; Staff did not proper accommodations to resident in care.
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21	The complaint alleged that a resident, referred to as R1, expressed a desire to move to a skilled nursing facility due to discomfort caused by the facility's low temperatures. On December 20, 2024, the department interviewed Administrator A1. A1 denied the allegations and acknowledged previous concerns about the facility being too hot or too cold.
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NARRATIVE	
1	A1 explained that the facility's layout can result in one side being colder while the other side is warmer. To address the issue, the Licensee has purchased small individual heaters for rooms where residents feel too cold, and R1 has one in their room.
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7	During the same visit, the department interviewed two staff members (S1 and S2), who also denied the allegations. They stated that some residents had mentioned
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11 feeling too hot or too cold, prompting the facility to provide small heaters in each
12 room for residents to use as needed.
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15 On December 20, 2024, the department interviewed six residents (R1 through R6),
16 all of whom denied any allegations of mistreatment. They reported feeling
17 comfortable with the facility's temperature and said they had never experienced
18 being too cold or too hot. Additionally, R1 stated that staff members meet R1's
19 needs and that there are no problems with their room; R1 is satisfied with having a
20 portable heater. On June 26, 2026, the department interviewed the administrator
21 (A1), who denied the allegation and stated that the facility provides each room
22 with a small portable heater for any resident who wants their room heated.
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25 The department also interviewed two staff members (S1-S2), both of whom denied
26 the allegation and stated that each room has a portable heater in case they feel the
27 room is too cold. On June 26, 2026, the department interviewed three residents
28 (R2-R4), all of whom stated that the facility maintains a comfortable temperature
29 and that they have never experienced issues with being too cold or too hot.
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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: SAPPHIRE CHARDONNAY	FACILITY NUMBER: 374603688
	VISIT DATE: 06/26/2026

NARRATIVE	
1	On December 20, 2024, the department observed that one side of the facility was
2	warmer than the other, but overall, the facility temperature complied with
3	regulations. They also noted that two shared rooms were too cold but equipped
4	with small heaters, allowing residents to control and adjust the temperature to their
5	preference.
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9	On June 26, 2026, the department toured the facility and observed that the facility
10	was within the temperature range of 78°F.
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13	No deficiencies were cited.
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15	An exit interview was conducted. A copy of this report was provided to the
16	Administrator, Daphne Drapeau.
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