

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374603699
Report Date: 05/11/2026
Date Signed: 05/11/2026 03:00:23 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 10/10/2024 and conducted by Evaluator Antonine Richard

	COMPLAINT CONTROL NUMBER: 18-AS-20241010105818
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FACILITY NAME:	SAPPHIRE LAKE SAN MARCOS	FACILITY NUMBER:	374603699
ADMINISTRATOR:	MATIC, VICTORIA	FACILITY TYPE:	740
ADDRESS:	839 LA TIERRA DRIVE	TELEPHONE:	(760) 471-1157
CITY:	SAN MARCOS	ZIP CODE:	92078
CAPACITY:	6	DATE:	05/11/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	10:19 AM
	CENSUS: 5	TIME	03:00 PM
MET WITH:	Daphne Drapeau	COMPLETED:	

ALLEGATION(S):

1	Staff are notbpreventing resident from being harrassed by other resident (s) while in care.
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INVESTIGATION FINDINGS:

1	On May 11, 2026, the California Department of Social Services/Community Care Licensing (CDSS/CCL)
2	Licensing Program Analyst (LPA), Antonine Richard, conducted a follow-up unannounced complaint visit.
3	The LPA met with the Administrator (A1) Daphne Drapeau and explained the purpose of the visit.
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5	The investigation consisted of collecting records and touring the facility. On May 11, 2026, the
6	Department obtained various documents, including the Personnel Report LIC 500 (dated 04/01/26) and
7	the Resident Roster (dated 04/01/26). The Department reviewed and collected documents for residents
8	R1 and R2, including the Admission Agreement for R1 (dated 06/12/2023), the physician's report for R1
9	(dated 09/15/24), and the physician's report for R2 (dated 09/17/2025). The Department also obtained
10	the facility note dated May 3, 2024, and the Unusual Incident Report (UIR) dated October 8, 2024. The
11	Department interviewed the Administrator (A1), two staff members (S1-S2), and five Residents (R2-R6).
12	The Department was unable to interview R1 because R1 moved out of the facility on May 31, 2025.
13	

SUPERVISORS NAME: Eva M Alvarez

LICENSING EVALUATOR NAME: Antonine Richard

LICENSING EVALUATOR SIGNATURE:

DATE: 05/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/11/2026

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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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 LAKE SAN MARCOS

FACILITY NUMBER: 374603699
VISIT DATE: 05/11/2026

NARRATIVE

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Allegation: Staff are not preventing resident from being harassed by other resident (s) while in care.

The complaint alleged that R1 had personal issues with R1's roommate at the facility. On May 11, 2026, the department interviewed the facility's administrator, A1, who denied the allegation. A1 stated that while residents sometimes argue, staff intervene by separating them. A1 also noted that after the incident was reported, the facility moved R1 from the shared room to a single room.

On the same day, the department interviewed two staff members, S1 and S2, who also denied the allegation. They explained that as soon as R1 described the incident, the staff decided to move R1 to a single room. Both staff members emphasized that R1 and R2 were friends who often shared snacks, indicating a good relationship. They were unaware of any issues between them because they did not witness the incident.

On May 11, 2026, five residents (R2-R6) were interviewed, and all expressed satisfaction with their lives at the facility and appreciation for the staff. During the department, a facility note review conducted on May 3, 2024, indicated that residents R1 and R2 were observed shouting at each other.

Report continue on LIC9099C

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LICENSING EVALUATOR NAME: Antonine Richard

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LIC9099 (FAS) - (06/04)

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

COMPLAINT INVESTIGATION REPORT
(Cont)

COMMUNITY CARE LICENSING DIVISION
RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27
RIVERSIDE, CA 92507

FACILITY NAME: SAPPHIRE LAKE SAN MARCOS

FACILITY NUMBER: 374603699

VISIT DATE: 05/11/2026

NARRATIVE

1 On October 15, 2024, a representative from the San Diego Regional Center visited
2 the facility to interview residents R1 and R2; however, no report was provided to
3 the facility on that day. Additionally, on May 11, 2026, the department reviewed
4 the Unusual Incident Report (UIR) dated October 8, 2024, which had been
5 submitted to Community Care Licensing (CCL) and other relevant agencies.
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9 Although the allegation may have happened or is valid, there is not a
10 preponderance of evidence to prove the alleged violation (S) did or did not occur,
11 therefore the allegation is **unsubstantiated**.
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14 **No deficiencies were cited.**
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17 **An exit interview was conducted. A copy of this report was provided to the**
18 **administrator, Daphne Drapeau.**
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SUPERVISORS NAME: Eva M Alvarez
LICENSING EVALUATOR NAME: Antonine Richard
LICENSING EVALUATOR SIGNATURE: DATE: 05/11/2026

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