

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374603715
Report Date: 09/26/2025
Date Signed: 09/26/2025 10:58:43 AM

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 **06/21/2024** and conducted by Evaluator Grace Donato

	COMPLAINT CONTROL NUMBER: 08-AS-20240621145032
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FACILITY NAME: HARBORVIEW SENIOR ASSISTED LIVING	FACILITY NUMBER: 374603715
ADMINISTRATOR: SETTINERI, JEFFREY	FACILITY TYPE: 740
ADDRESS: 2360 ALBATROSS STREET	TELEPHONE: (619) 233-8382
CITY: SAN DIEGO	ZIP CODE: 92101
CAPACITY: 30	DATE: 09/26/2025
MET WITH: Genoveva Guerrero	UNANNOUNCED TIME BEGAN: 10:00 AM
	TIME COMPLETED: 11:00 AM

ALLEGATION(S):

1	Staff did not provide adequate supervision resulting in a resident's elopement and injury
2	Staff did not provide resident's records to resident's authorized representative
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INVESTIGATION FINDINGS:

1	On 9/26/2025, LPA Grace Donato conducted a telephone interview to the facility to deliver findings. LPA
2	spoke with Genoveva Guerrero and explained the purpose of the call.
3	
4	Regarding the allegation of Staff did not provide adequate supervision resulting in a resident's elopement
5	and injury, Reporting party (RP) stated that a resident (R1) was admitted 4-5 days prior to the incident
6	and when admitted the facility was aware of R1's history of dementia and his/her tendencies to flee. On
7	2/6/24, R1 exited through a staff door and no other details are known such as how far R1 went, how long
8	R1 was missing, and who found R1. All that is known is that R1 managed to get on top of some rocks, fell
9	and fractured R1s left wrist.
10	During the course of the investigation, staff members were interviewed, photos obtained, and records
11	were reviewed.
12	
13	page 1 of 3

Unsubstantiated	Estimated Days of Completion:
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NAME OF LICENSING PROGRAM MANAGER: Brenda Chan
NAME OF LICENSING PROGRAM ANALYST: Grace Donato
LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 09/26/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 09/26/2025

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

Control Number 08-AS-20240621145032

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>COMPLAINT INVESTIGATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108</p>
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FACILITY NAME: HARBORVIEW SENIOR ASSISTED LIVING **FACILITY NUMBER:** 374603715
VISIT DATE: 09/26/2025

NARRATIVE

1 S1 and S2 stated R1 was a very complicated resident. S1 stated R1 always said he/she had to
2 leave the facility to go with R1s son and when staff would try and redirect R1, R1 would
3 become upset and hit staff with a cane and say mean things to them in Spanish. S2 stated
4 staff had to rotate constantly when dealing with R1 because they noticed R1 would become a
5 bit calmer when R1 would see a new face and didn't like dealing with the same staff member
6 the whole day.
7
8

9 On 02/06/2024, S1 was working his/her shift as a MedTech and preparing medications to
10 pass out when S1 saw R1 walking toward the front door. S1 told R1 to not go outside, and R1
11 proceeded to walk out the front door acting like R1 didn't hear what S1 said. S1 went after
12 R1 but before doing so S1 needed to secure the medication cart and lock it before going
13 outside. S1 said when R1 finally went out the front door, S1 told R1 to come inside, and R1
14 turned around and began swinging his/her cane toward S1. S1 said as R1 was swinging the
15 cane facing S1, R1 was also walking backwards and suddenly R1 tripped over R1s own feet
16 and fell to the floor landing on his/her left arm.
17
18

19 S1 said she did a head-to-toe assessment on R1 and also called for help over the radio. S1
20 said R1 said he/she had no pain on his/her body or legs. S1 mentioned that S2 arrived and
21 they helped R1 up onto a patio chair and that's when R1 started complaining of wrist pain
22 and S1 called S4 to come. S1 told me once S4 came, S4 decided to call 911 to get R1's
23 injuries further checked out and medics arrived and transported R1 to the hospital where R1
24 was later diagnosed with a fractured left wrist.
25
26
27

28 S3 and S5, stated the complaint received about R1 eloping outside the facility is false. S5
29 stated the facility has a secure perimeter and staff knew R1's whereabouts the whole time
30 leading up to his/her fall. S3 added there are no rocks large enough to climb on facility
31 grounds and there were no rocks near where R1 had a fall.
32

Based on photos obtained, the facility has a facility fence preventing residents to go out of the facility without assistance. There were no rock formations that would make the residents climb and cause injury.

Based on records review, according to resident appraisal dated 2/1/2024, R1 is able to ambulate with the help of a cane.

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LICENSING PROGRAM ANALYST SIGNATURE: DATE: 09/26/2025

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FACILITY REPRESENTATIVE SIGNATURE: DATE: 09/26/2025

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
**COMPLAINT INVESTIGATION REPORT
(Cont)**

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SAN DIEGO RO, 7575 METROPOLITAN DR. #109
SAN DIEGO, CA 92108

FACILITY NAME: HARBORVIEW SENIOR ASSISTED LIVING FACILITY NUMBER: 374603715
VISIT DATE: 09/26/2025

NARRATIVE

1 For the allegation of Staff did not provide resident's records to resident's authorized
2 representative, RP stated that a family member (F1) has requested information from the
3 facility administrator and believes they are withholding information. In addition, F1
4 requested to view camera footage but was told that the cameras were not operational and is
5 not being given full disclosure of the incident or full access to R1's files.
6
7
8 According to S3, on the day of R1s accident as well as the times F1 went to the facility, F1
9 asked how the incident occurred and each time F1 was told how R1 fell, and staff never
10 avoided telling F1 anything. S3 stated no information was withheld from F1 and they had no
11 reason to lie to F1 or not tell him/her what occurred. S3 said F1 asked for video surveillance
12 of the incident, and they told him/her they didn't have any footage of the fall because their
13 cameras don't record and are only live cameras.
14
15
16 S3 said F1 never came to the facility asking for R1s admission agreement and if F1 did, they
17 would have no problem giving it. S3 said a copy was provided to F1 at the beginning. S1 also
18 added that days after the incident F1 came to the facility to collect R1s belongings and F1
19 had asked for a copy of R1s contract. S1 said at the time S3 and S4 were not at the facility
20 and advised F1 that S1 couldn't get a copy at the moment but if F1 came back when the
21 managers were present, they will gladly provide that to F1. S1 said he/she even mentioned
22 emailing or giving S4 a call regarding the contract and maybe S4 would be able to email it
23 over.
24
25
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27 There were several attempts to contact RP and F1 but never received a response.
28
29
30 Based on interviews, records review and observations, the department has determined that
31 although the allegations may have happened or is valid, there is not a preponderance of
32 evidence to prove the alleged violations did or did not occur, therefore the allegations are
UNSUBSTANTIATED.

Report is reviewed and a copy is provided.

page 3 of 3

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