

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 374603750  
Report Date: 07/11/2025  
Date Signed: 07/11/2025 04:06:02 PM

**Unsubstantiated**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION 7575 METROPOLITAN DR. #109 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 **06/23/2022** and conducted by Evaluator Amy Rodgers

	<b>COMPLAINT CONTROL NUMBER: 08-AS-20220623102437</b>
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<b>FACILITY NAME:</b> VILLA LORENA	<b>FACILITY NUMBER:</b> 374603750
<b>ADMINISTRATOR:</b> COLLADO JR, JOSE	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 14740 VIA FIESTA	<b>TELEPHONE:</b> (858) 756-9600
<b>CITY:</b> SAN DIEGO	<b>STATE:</b> CA
<b>CAPACITY:</b> 85	<b>ZIP CODE:</b> 92127
	<b>DATE:</b> 07/11/2025
<b>MET WITH:</b> Administrator Nora Garza	<b>ANNOUNCED</b>
	<b>TIME BEGAN:</b> 03:00 PM
	<b>TIME COMPLETED:</b> 04:00 PM

### ALLEGATION(S):

1	Resident incurred unexplained bruising while in care.
2	Resident's care needs were not met.
3	Facility did not accord resident with adequate hygiene supplies.
4	Facility did not ensure medical care for resident.
5	Staff did not clean resident's room.
6	Facility staff did not safeguard resident's personal information.
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### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Amy Rodgers met with Administrator Nora Garza to deliver findings on the above-mentioned allegation. LPA identified herself and disclosed the purpose of her visit with Administrator Nora Garza and conducted the meeting via phone call.
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3	
4	
5	On June 23, 2022, Community Care Licensing (CCL) received a complaint alleging the above-listed allegations. During the investigation, LPA briefly toured the facility, requested records, and interviewed staff and outside sources.
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9	Review of R1's medical assessment records dated March 11, 2022, revealed that Resident #1(R1) had a diagnosis of dementia as well as a visual impairment, was confused and disoriented, had wandering behavior as well as aggressive behavior. R1 resides in the memory care area of the facility.
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<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**NAME OF LICENSING PROGRAM MANAGER:** Denise Powell  
**NAME OF LICENSING PROGRAM ANALYST:** Amy Rodgers  
**LICENSING PROGRAM ANALYST SIGNATURE:** \_\_\_\_\_  
**DATE:** 07/11/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_  
**DATE:** 07/11/2025

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-20220623102437

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

**FACILITY NAME:** VILLA LORENA **FACILITY NUMBER:** 374603750  
**VISIT DATE:** 07/11/2025

NARRATIVE	
1	(Continued from LIC9099)
2	
3	Regarding the allegation, Resident #1 (R1) incurred unexplained bruising while in care. More
4	specifically, it was noted R1 had a bruise on their right forearm and a bruise on the inside of the wrist.
5	On June 19, 2022 R1 responsibly party noted a bruise on R1 right forearm as well as a bruise on the
6	inside of the wrist. Review of assessment records noted on June 1, 2022 and on June 18,2022, R1 has
7	small discoloration on the right arm with no complaints, and R1 continued to refuse icepacks on several
8	occasions in that time period.
9	
10	Regarding the allegation, R1's care needs were not met and the licensee did not accord the resident
11	with adequate hygiene supplies. More specifically, Licensee did not change R1 wet pants and used the
12	correct size of incontinence briefs. R1 needs and service plan dated March 14, 2022, and September
13	15, 2021 goals for R1 outline strategies to address hygiene needs and issues related to incontinence
14	and changing R1 brief and clothing. On June 2, 2022, a healthcare provider evaluated R1, including
15	medication adjustments for behavior changes to address concerns, including refusing showers and
16	changing wet clothes. R1 is ambulatory and can freely walk around the memory care unit and participate
17	in activities. Interviews with staff reveal that staff perform two-hour room checks, including incontinence
18	checks on clients, and address incontinence issues as they arise for all residents. In addition, R1
19	records revealed that throughout 2021 and 2022, no signs of skin issues were noted during
20	incontinence brief changes.
21	
22	Regarding the allegation, the Licensee did not ensure medical care for the resident. More specifically,
23	the R1 ingrown toenail problem was not addressed by the Licensee staff. Records indicated that right
24	toe pain was addressed by a visit from the podiatrist, conducted on April 12, 2022, at the facility. Further
25	review of the records reveals that R1 reported no complaints regarding toe pain or difficulties with
26	ambulation noted during May 2022. A medical professional evaluated R1 on June 2, 2022, and no notes
27	of physical complaints or ambulation issues were noted.
28	
29	
30	(Continued on LIC9099-C)
31	
32	

**NAME OF LICENSING PROGRAM MANAGER:** Simon Jacob  
**NAME OF LICENSING PROGRAM ANALYST:** Amy Rodgers  
**LICENSING PROGRAM ANALYST SIGNATURE:** \_\_\_\_\_  
**DATE:** 07/11/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_  
**DATE:** 07/11/2025

LIC9099 (FAS) - (06/04) Page: 2 of 3  
**Control Number** 08-AS-20220623102437

<b>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</b>	<b>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES</b> <b>COMMUNITY CARE LICENSING DIVISION</b>
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**COMPLAINT INVESTIGATION REPORT  
(Cont)**

SAN DIEGO RO, 7575 METROPOLITAN DR. #109  
SAN DIEGO, CA 92108

**FACILITY NAME:** VILLA LORENA

**FACILITY NUMBER:** 374603750

**VISIT DATE:** 07/11/2025

**NARRATIVE**

1 (Continued from LIC9099-C)  
2

3 Regarding the allegation, licensee's staff did not clean R1's room. More specifically, dirty clothes and  
4 toilet paper were in R1's drawers and no linens were on R1's bed. Interviews with staff revealed that  
5 housekeeping cleans the facility's memory care rooms on a rotating weekly basis and on an as-needed  
6 basis. Staff further reports that care staff will alert housekeeping if any malodor is detected. It is not the  
7 practice of staff to open residents' drawers for inspection unless malodors are detected. The interviews  
8 also indicated that residents' sheets are changed immediately if they become soiled; however, there are  
9 instances when new sheets are not replaced right away. Nevertheless, memory care residents are  
10 encouraged to participate in activities in the common room and typically do not remain in their rooms  
11 during daytime hours.  
12

13 Regarding the allegation, Licensee staff did not safeguard the resident's personal information. More  
14 specifically, facility staff disclosed R1's personal information to an outside party. Staff interviews reveal  
15 that employees are required to sign non-disclosure agreements and receive training on the proper  
16 protocol for sharing residents' personal information with family members or visitors to the facility. Staff  
17 interviews deny disclosing any personal information other than to the responsible parties of residents or  
18 outside sources with consent forms on file. A review of facility records revealed that staff are provided a  
19 Non-Disclosure Agreement, Health Insurance Portability and Accountability Act (HIPAA) Compliance  
20 information, and Medical Information Confidentiality Agreement in the Employee Handbook. Interviews  
21 with the Responsible party confirm that they did not authorize the resident's personal information to be  
22 shared with R1 visitors. Due to a lack of corroborating evidence, the allegation cannot be confirmed or  
23 denied.  
24

25 Based on interviews, and record reviews there is not a preponderance of evidence to prove alleged  
26 violations occurred, therefore the allegation is unsubstantiated.  
27

28 An exit interview was conducted with Administrator Garza, to whom a copy of this report and the  
29 Licensee/Appeal Rights (LIC9058 01/16) were provided via E-mail. A reply E-mail or read receipt  
30 confirmation was requested from Garza upon receipt of documents  
31  
32

**NAME OF LICENSING PROGRAM MANAGER:** Simon Jacob

**NAME OF LICENSING PROGRAM ANALYST:** Amy Rodgers

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 07/11/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 07/11/2025