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**Department of**

# SOCIAL SERVICES

***Community Care Licensing***

# *COMPLAINT INVESTIGATION REPORT*

**Facility Number:** 374603755
**Report Date:** 05/08/2026
**Date Signed:** 05/26/2026 08:37:39 AM

## Unsubstantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **04/29/2026** and conducted by Evaluator Natasha Persaud

| | |
|---|---|
| | **COMPLAINT CONTROL NUMBER:** 08-AS-20260429090717 |

| | | | | | |
|---|---|---|---|---|---|
| **FACILITY NAME:** | FAHIMA CARE HOME 1 | | | **FACILITY NUMBER:** | 374603755 |
| **ADMINISTRATOR:** | RAUSHON AHMED | | | **FACILITY TYPE:** | 740 |
| **ADDRESS:** | 8554 CAPRICORN WAY | | | **TELEPHONE:** | (858) 800-7455 |
| **CITY:** | SAN DIEGO | **STATE:** CA | | **ZIP CODE:** | 92126 |
| **CAPACITY:** | 6 | **CENSUS:** 4 | | **DATE:** | 05/08/2026 |
| | | UNANNOUNCED | | **TIME BEGAN:** | 09:00 AM |
| **MET WITH:** | Administrator, Raushon Ahmed | | | **TIME COMPLETED:** | 09:15 AM |

**ALLEGATION(S):**

| | |
|---|---|
| 1 | Staff did not meet residents needs |
| 2 | Staff did not treat residents with dignity |
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| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |

**INVESTIGATION FINDINGS:**

| | |
|---|---|
| 1 | Licensing Program Analyst (LPA), Natasha Persaud conducted a telephone visit to conclude the |
| 2 | complaint investigation regarding the above mentioned allegations. LPA spoke with Administrator, |
| 3 | Raushon Ahmed. |
| 4 | |
| 5 | During the investigation, the facility was toured, records reviewed, and interviews conducted with staff, |
| 6 | residents, and outside sources. It was alleged that staff did not meet the residents needs by not providing |
| 7 | hygiene and grooming care services. Some residents require and receive assistance with hygiene and |
| 8 | grooming. Residents interviewed confirmed receiving those care services. Outside sources that visit the |
| 9 | facility on a regular basis stated the residents were receiving hygiene and grooming services. Staff stated |
| 10 | they provide hygiene and grooming to residents that require assistance. |
| 11 | |
| 12 | It was also alleged that staff did not treat residents with dignity by yelling and handling them in a rough |
| 13 | manner. Staff denied handling residents in a rough manner. Residents that receive direct care stated they |
| | were not handled in a rough manner. Continued on LIC 9099C |

| | |
|---|---|
| **Unsubstantiated** | **Estimated Days of Completion:** |

**SUPERVISORS NAME:** Lizzette Tellez
**LICENSING EVALUATOR NAME:** Natasha Persaud
**LICENSING EVALUATOR SIGNATURE:**
**DATE:** 05/08/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**
**DATE:** 05/08/2026

**This report must be available at Child Care and Group Home facilities for public review for 3 years.**



**Control Number** 08-AS-20260429090717

**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:** FAHIMA CARE HOME 1 **FACILITY NUMBER:** 374603755
**VISIT DATE:** 05/08/2026

**NARRATIVE**

Outside source interviews revealed observing staff providing gentle care to a resident. Residents denied being yelled at by staff. Outside sources have not witnessed staff yelling at residents but reported there was a resident that yells often. Staff stated they are caring towards the residents and did not yell at them.

During the course of the investigation, interviews were conducted, and records were reviewed. Investigation revealed inconsistent statements and information obtained did not present a preponderance of evidence to support or corroborate the allegations. The allegations are deemed unsubstantiated. An exit interview was conducted and a copy of this report along with Licensee Rights (LIC 9058 03/22) were emailed to Administrator, Raushon Ahmed.

**SUPERVISORS NAME:** Lizzette Tellez
**LICENSING EVALUATOR NAME:** Natasha Persaud
**LICENSING EVALUATOR SIGNATURE:**
**DATE:** 05/08/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**
**DATE:** 05/08/2026