

Department of  
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374603778  
Report Date: NO Visit Data Available  
Date Signed: 06/05/2025 04:40:09 PM

Substantiated

|                                                        |                                                                                                                                                  |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>SAN DIEGO RO, 7575 METROPOLITAN DR. #109<br>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 and conducted by Evaluator Hannah Rodgers

|  |                                                |
|--|------------------------------------------------|
|  | COMPLAINT CONTROL NUMBER: 08-AS-20250121105214 |
|--|------------------------------------------------|

|                |                               |                  |                   |
|----------------|-------------------------------|------------------|-------------------|
| FACILITY NAME: | HERITAGE HILLS                | FACILITY NUMBER: | 374603778         |
| ADMINISTRATOR: | KIRBY, SCOTT                  | FACILITY TYPE:   | 740               |
| ADDRESS:       | 2108 EL CAMINO REAL           | TELEPHONE:       | (760) 206-7930    |
| CITY:          | OCEANSIDE                     | STATE: CA        | ZIP CODE: 92054   |
| CAPACITY:      | 78                            | CENSUS: 75       | DATE: UNANNOUNCED |
| MET WITH:      | Executive Director Mike McCoy | TIME BEGAN:      | TIME COMPLETED:   |

ALLEGATION(S):

|   |                                                    |
|---|----------------------------------------------------|
| 1 | Neglect/Lack of supervision resulted in laceration |
| 2 | Resident bedrails in disrepair                     |
| 3 |                                                    |
| 4 |                                                    |
| 5 |                                                    |
| 6 |                                                    |
| 7 |                                                    |
| 8 |                                                    |
| 9 |                                                    |

INVESTIGATION FINDINGS:

|    |                                                                                                           |
|----|-----------------------------------------------------------------------------------------------------------|
| 1  | Licensing Program Analyst (LPA) Hannah Rodgers conducted an unannounced visit to deliver findings         |
| 2  | regarding the above complaint allegations. LPA introduced themselves and disclosed the purpose of the     |
| 3  | visit to Executive Director Mike McCoy.                                                                   |
| 4  |                                                                                                           |
| 5  | On January 21, 2025, it was alleged that neglect/lack of supervision resulted in laceration and residents |
| 6  | bed rails were in disrepair. The Department's investigation consisted of an unannounced facility visit,   |
| 7  | records review, and staff, resident, and outside source interviews.                                       |
| 8  |                                                                                                           |
| 9  | According to the allegation received, Resident #1 (R1) was being wheeled in their wheelchair to their     |
| 10 | bedroom by staff. When the resident got to their bedroom door they fell out of their wheelchair and       |
| 11 | sustained a head laceration. It was also alleged that the bed rails on R1's bed were not secured.         |
| 12 |                                                                                                           |
| 13 | [Continued on LIC9099-C]                                                                                  |

|               |                               |
|---------------|-------------------------------|
| Substantiated | Estimated Days of Completion: |
|---------------|-------------------------------|

SUPERVISORS NAME: Lizzette Tellez

|                                                                                                         |       |
|---------------------------------------------------------------------------------------------------------|-------|
| LICENSING EVALUATOR NAME: Hannah Rodgers                                                                |       |
| LICENSING EVALUATOR SIGNATURE:                                                                          | DATE: |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received. |       |
| FACILITY REPRESENTATIVE SIGNATURE:                                                                      | DATE: |

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 7

Control Number 08-AS-20250121105214

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

|                               |                            |
|-------------------------------|----------------------------|
| FACILITY NAME: HERITAGE HILLS | FACILITY NUMBER: 374603778 |
|                               | VISIT DATE: 06/05/2025     |

| NARRATIVE |                                                                                                             |
|-----------|-------------------------------------------------------------------------------------------------------------|
| 1         | Review of R1's medical assessment records dated March 2, 2023, revealed that R1 had a diagnosis of          |
| 2         | Alzheimer's disease and dementia, was confused and disorientated, had limited ability to communicate,       |
| 3         | and could feed themselves with set up assistance but required staff assistance for all other activities of  |
| 4         | daily living (ADLs). R1 was also non-ambulatory and had a secondary diagnosis of falls. Review of R1's      |
| 5         | needs and services plan dated September 3, 2024, revealed that R1 required a wheelchair for                 |
| 6         | ambulation and mobility. The Department attempted to interview R1 but R1 was unable to be used a            |
| 7         | reliable historian to aid in this investigation due to their baseline memory loss.                          |
| 8         |                                                                                                             |
| 9         | Record review and interviews revealed that R1 was a high fall risk and had a history of witnessed and       |
| 10        | unwitnessed falls. Interviews with staff and record reviewed revealed that on January 18, 2025, R1 was      |
| 11        | being wheeled by Staff #1 (S1) to their bedroom from the common area. When R1 and S1 arrived at             |
| 12        | R1's bedroom door, S1 bent over to open R1's door using a key that was located around their neck.           |
| 13        | While doing so, R1 fell forward out of their wheelchair and hit their head on the ground. Interviews with   |
| 14        | staff and outside sources revealed that R1 had a history of bending over in their wheelchair. Interviews    |
| 15        | with staff and outside sources revealed the concern of R1 bending in their wheelchair could have been       |
| 16        | mitigated with a high back wheelchair. However, there are conflicting statements as to why the high back    |
| 17        | wheelchair was not obtained. On January 23, 2025, upon discharge from the hospital with hospice             |
| 18        | services, R1 obtained a high back wheelchair. Review of R1's medical records revealed that R1 required      |
| 19        | nine sutures as a result of the fall.                                                                       |
| 20        |                                                                                                             |
| 21        | Record review revealed R1 suffered two unwitnessed falls prior to the fall on January 18, 2025. On          |
| 22        | February 1, 2023, and November 29, 2024, R1 was found on the floor by their bed. Records review of          |
| 23        | facility progress notes revealed that staff observed R1's bed rails not in place after the fall on November |
| 24        | 29, 2024. Interviews with staff and outside sources corroborated that R1's bed rails were not secured.      |
| 25        | The bed rails were reported to be faulty.                                                                   |
| 26        |                                                                                                             |
| 27        | The Department has investigated the above-mentioned allegations and based on interviews and records         |
| 28        | review, the preponderance of evidence exists to support the allegations that neglect/lack of supervision    |
| 29        | resulted in laceration and residents bed rails were in disrepair. An immediate \$500 civil penalty was      |
| 30        | assessed and is noted on the LIC421IM. Per Health and Safety Code Section 1569.49, an additional            |
| 31        | civil penalty is under review by the Program Administrator of the Community Care Licensing Division.        |
| 32        | Two deficiencies are being cited per California Code of Regulations, Title 22 (refer to the attached LIC    |
|           | 9099-D). A plan of correction was jointly formulated and an exit interview was conducted with Executive     |
|           | McCoy, to whom a copy of this report, LIC 9099-C, LIC 9099-D, LIC421IM and the Licensee/Appeal              |
|           | Rights (LIC 9058 03/22) were provided to.                                                                   |

|                                                                                                         |                  |
|---------------------------------------------------------------------------------------------------------|------------------|
| SUPERVISORS NAME: Lizzette Tellez                                                                       |                  |
| LICENSING EVALUATOR NAME: Hannah Rodgers                                                                |                  |
| LICENSING EVALUATOR SIGNATURE:                                                                          | DATE: 06/05/2025 |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received. |                  |
| FACILITY REPRESENTATIVE SIGNATURE:                                                                      | DATE: 06/05/2025 |

LIC9099 (FAS) - (06/04) Page: 2 of 7  
Control Number 08-AS-20250121105214

|                                                        |                                                                               |
|--------------------------------------------------------|-------------------------------------------------------------------------------|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION |
|--------------------------------------------------------|-------------------------------------------------------------------------------|

COMPLAINT INVESTIGATION REPORT  
(Cont)

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

FACILITY NAME: HERITAGE HILLS

FACILITY NUMBER: 374603778

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/05/2025

| Deficiency Type<br>POC Due Date /<br>Section Number           | DEFICIENCIES                         |                                                                                                                                                                                                                                                                                                                                                      | PLAN OF CORRECTIONS(POCs)            |                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type A<br>06/06/2025<br>Section Cited<br>CCR<br>87468.1(a)(4) | 1<br>2<br>3<br>4<br>5<br>6<br>7      | 87468.2 Additional Personal Rights ...<br>(a)...residents... shall have... the<br>following personal rights: (4) To care,<br>supervision, and services that meet<br>their... needs and are delivered by staff<br>that are sufficient in...qualifications, and<br>competency to meet their needs.<br>This requirement was not met as<br>evidenced by: | 1<br>2<br>3<br>4<br>5<br>6<br>7      | Licensee agrees to schedule an in-<br>service training on the topics of care<br>and supervision and send proof of<br>scheduling to the Department by<br>6/6/2025. Licensee agrees to send<br>sign-in sheet and training topics to the<br>Department by 7/4/2025. |
|                                                               | 8<br>9<br>10<br>11<br>12<br>13<br>14 | Based on interviews and records review<br>the licensee did not comply with the<br>section above in that R1 was not<br>provided care and supervision, which<br>posed an immediate health, safety, and<br>personal rights risk to one (1) out of<br>sixty-four (64) residents in care.                                                                 | 8<br>9<br>10<br>11<br>12<br>13<br>14 |                                                                                                                                                                                                                                                                  |
| Type B<br>07/04/2025<br>Section Cited<br>CCR<br>87468.1(a)(2) | 1<br>2<br>3<br>4<br>5<br>6<br>7      | Personal Rights of Residents in All<br>Facilities (a) Residents ... shall have all<br>of the following personal rights: (2) To<br>be accorded safe, healthful and<br>comfortable accommodations,<br>furnishings and equipment.<br>This requirement was not met as<br>evidenced by:                                                                   | 1<br>2<br>3<br>4<br>5<br>6<br>7      | Licensee agrees to schedule an in-<br>service training on the topic of personal<br>rights and send sign-in sheet and<br>training topics to the Department by<br>POC date of 7/4/2025.                                                                            |
|                                                               | 8<br>9<br>10<br>11<br>12<br>13<br>14 | Based on interviews and records review<br>the licensee did not comply with the<br>section above in that one (1) out of (64)<br>residents bedrails were in disrepair,<br>which posed a potential health, safety,<br>and personal rights risk.                                                                                                         | 8<br>9<br>10<br>11<br>12<br>13<br>14 |                                                                                                                                                                                                                                                                  |

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

|                                                                                               |                  |
|-----------------------------------------------------------------------------------------------|------------------|
| SUPERVISORS NAME: Lizzette Tellez                                                             |                  |
| LICENSING EVALUATOR NAME: Hannah Rodgers                                                      |                  |
| LICENSING EVALUATOR SIGNATURE:                                                                | DATE: 06/05/2025 |
| I acknowledge receipt of this form and understand my appeal rights as explained and received. |                  |
| FACILITY REPRESENTATIVE SIGNATURE:                                                            | DATE: 06/05/2025 |

LIC9099 (FAS) - (06/04)

Page: 3 of 7

|                                                        |                                                                                                                                                  |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>SAN DIEGO RO, 7575 METROPOLITAN DR. #109<br>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 **01/21/2025** and conducted by Evaluator Hannah Rodgers

|  |                                                |
|--|------------------------------------------------|
|  | COMPLAINT CONTROL NUMBER: 08-AS-20250121105214 |
|--|------------------------------------------------|

FACILITY NAME: HERITAGE HILLS

FACILITY NUMBER: 374603778

ADMINISTRATOR: KIRBY, SCOTT

FACILITY TYPE: 740

ADDRESS: 2108 EL CAMINO REAL

TELEPHONE: (760) 206-7930

CITY: OCEANSIDE

STATE: CA

ZIP CODE: 92054

ALLEGATION(S):

|   |                                                                   |
|---|-------------------------------------------------------------------|
| 1 | Neglect/Lack of supervision resulted in severe dehydration        |
| 2 | Neglect/Lack of supervision resulted in a Urinary Tract Infection |
| 3 | Staff are not trained to provide incontinence care                |
| 4 |                                                                   |
| 5 |                                                                   |
| 6 |                                                                   |
| 7 |                                                                   |
| 8 |                                                                   |
| 9 |                                                                   |

INVESTIGATION FINDINGS:

|    |                                                                                                             |
|----|-------------------------------------------------------------------------------------------------------------|
| 1  | Licensing Program Analyst (LPA) Hannah Rodgers conducted an unannounced visit to deliver findings           |
| 2  | regarding the above complaint allegations. LPA introduced themselves and disclosed the purpose of the       |
| 3  | visit to Executive Director Mike McCoy.                                                                     |
| 4  |                                                                                                             |
| 5  | On January 21, 2025, it was alleged that neglect/lack of supervision resulted in severe dehydration, a      |
| 6  | Urinary Tract Infection (UTI), and that staff are not trained to provide incontinence care. The             |
| 7  | Department's investigation consisted of an unannounced facility visit, records review, and staff, resident, |
| 8  | and outside source interviews.                                                                              |
| 9  |                                                                                                             |
| 10 | [Continued on LIC9099-C]                                                                                    |
| 11 |                                                                                                             |
| 12 |                                                                                                             |
| 13 |                                                                                                             |

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

|                                                                                                         |                  |
|---------------------------------------------------------------------------------------------------------|------------------|
| SUPERVISORS NAME: Lizzette Tellez                                                                       |                  |
| LICENSING EVALUATOR NAME: Hannah Rodgers                                                                |                  |
| LICENSING EVALUATOR SIGNATURE:                                                                          | DATE: 06/05/2025 |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received. |                  |
| FACILITY REPRESENTATIVE SIGNATURE:                                                                      | DATE: 06/05/2025 |

This report must be available at Child Care and Group Home facilities for public review for 3 years.  
LIC9099 (FAS) - (06/04) Page: 4 of 7  
Control Number 08-AS-20250121105214

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

|                               |                            |
|-------------------------------|----------------------------|
| FACILITY NAME: HERITAGE HILLS | FACILITY NUMBER: 374603778 |
|                               | VISIT DATE: 06/05/2025     |

|           |                                                                                                            |
|-----------|------------------------------------------------------------------------------------------------------------|
| NARRATIVE |                                                                                                            |
| 1         | According to the allegations received, Resident #1 (R1) was admitted to the hospital for an unrelated      |
| 2         | injury when it was discovered that R1 was severely dehydrated and had a UTI. It was also alleged that      |
| 3         | the R1's diagnosis of a UTI was due to incontinence care because the staff are not properly trained to     |
| 4         | provide said care.                                                                                         |
| 5         |                                                                                                            |
| 6         | Review of R1's medical assessment records dated March 2, 2023, revealed that R1 had a diagnosis of         |
| 7         | Alzheimer's disease and dementia, was confused and disorientated, had limited ability to communicate,      |
| 8         | and could feed themselves with set up assistance but required staff assistance for all other activities of |
| 9         | daily living (ADLs). Review of R1's needs and services plan dated September 3, 2024, revealed that R1      |
| 10        | was dependent in toileting activities or unable to recognize need to use toilet. Review of R1's medical    |
| 11        | records from their hospital visit from January 18, 2025, to January 23, 2025, revealed that R1's           |
| 12        | diagnoses included dehydration and UTI.                                                                    |
| 13        |                                                                                                            |
| 14        | Review of R1's progress notes revealed that on January 16, 2025, R1 had an episode of diarrhea and         |
| 15        | staff were instructed to keep the resident hydrated and to offer sports drinks. Interviews with staff      |
| 16        | revealed that during the time period of R1's hospitalization, there was a stomach virus spreading          |
| 17        |                                                                                                            |

18 throughout the facility to the residents with an unknown origin. The staff were instructed to document  
19 diarrhea, vomiting, and/or temperature.  
20  
21 Interviews with staff unanimously corroborated that R1 was receiving at least five to six cups of water a  
22 day. Review of R1's progress notes did not reveal any other incidents of R1 having an episode of  
23 diarrhea, thus records reviewed, and interviews did not reveal the source of R1's dehydration. Review of  
24 R1's medical records and interviews did not reveal the direct cause of R1's UTI. Furthermore, review of  
25 facility's staff records did not reveal that the staff are not trained to provide incontinence care. The  
26 Department attempted to interview residents in care, including R1, however, they were unable to be  
27 used as a reliable historian in this investigation due to their baseline memory loss. Interviews with  
28 outside sources, including medical professionals, did not support the allegations.  
29  
30 Based on interviews and record review, the investigation did not yield a preponderance of evidence to  
31 conclude that neglect/lack of supervision resulted in severe dehydration, a Urinary Tract Infection (UTI)  
32 and that staff are not trained to provide incontinence care. Based on the foregoing, the allegation is  
unsubstantiated. This finding means that although the allegation may have happened or may be valid,  
there is not a preponderance of the evidence to prove that the alleged violation occurred. An exit  
interview was conducted with Executive Director McCoy, to whom a copy of this report and the  
Licensee/Appeal Rights (LIC9058 03/22) were provided.

|                                                                                                                |                         |
|----------------------------------------------------------------------------------------------------------------|-------------------------|
| <b>SUPERVISORS NAME:</b> Lizzette Tellez                                                                       |                         |
| <b>LICENSING EVALUATOR NAME:</b> Hannah Rodgers                                                                |                         |
| <b>LICENSING EVALUATOR SIGNATURE:</b>                                                                          | <b>DATE:</b> 06/05/2025 |
| <b>I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.</b> |                         |
| <b>FACILITY REPRESENTATIVE SIGNATURE:</b>                                                                      | <b>DATE:</b> 06/05/2025 |

|                                                        |                                                                                                                                                  |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>SAN DIEGO RO, 7575 METROPOLITAN DR. #109<br>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 **01/21/2025** and conducted by Evaluator Hannah Rodgers

|  |                                                       |
|--|-------------------------------------------------------|
|  | <b>COMPLAINT CONTROL NUMBER:</b> 08-AS-20250121105214 |
|--|-------------------------------------------------------|

|                                                |                                         |
|------------------------------------------------|-----------------------------------------|
| <b>FACILITY NAME:</b> HERITAGE HILLS           | <b>FACILITY NUMBER:</b> 374603778       |
| <b>ADMINISTRATOR:</b> KIRBY, SCOTT             | <b>FACILITY TYPE:</b> 740               |
| <b>ADDRESS:</b> 2108 EL CAMINO REAL            | <b>TELEPHONE:</b> (760) 206-7930        |
| <b>CITY:</b> OCEANSIDE                         | <b>ZIP CODE:</b> 92054                  |
| <b>CAPACITY:</b> 78                            | <b>DATE:</b> 06/05/2025                 |
|                                                | <b>UNANNOUNCED TIME BEGAN:</b> 01:30 PM |
| <b>MET WITH:</b> Executive Director Mike McCoy | <b>TIME COMPLETED:</b> 03:20 PM         |

**ALLEGATION(S):**

|   |                                                   |
|---|---------------------------------------------------|
| 1 | Neglect/Lack of supervision resulted in Pneumonia |
| 2 | Lack of adequate staffing to meet resident needs  |
| 3 |                                                   |
| 4 |                                                   |
| 5 |                                                   |
| 6 |                                                   |
| 7 |                                                   |
| 8 |                                                   |
| 9 |                                                   |

**INVESTIGATION FINDINGS:**

|   |                                                                                                                                                                                                                                                                                                           |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Licensing Program Analyst (LPA) Hannah Rodgers conducted an unannounced visit to deliver findings regarding the above complaint allegations. LPA introduced themselves and disclosed the purpose of the visit to Executive Director Mike McCoy.                                                           |
| 2 |                                                                                                                                                                                                                                                                                                           |
| 3 |                                                                                                                                                                                                                                                                                                           |
| 4 |                                                                                                                                                                                                                                                                                                           |
| 5 | On January 21, 2025, it was alleged that neglect/lack of supervision resulted in pneumonia and there was lack of adequate staffing to meet resident needs. The Department's investigation consisted of an unannounced facility visit, records review, and staff, resident, and outside source interviews. |
| 6 |                                                                                                                                                                                                                                                                                                           |
| 7 |                                                                                                                                                                                                                                                                                                           |
| 8 |                                                                                                                                                                                                                                                                                                           |

9 According to the allegations received, Resident #1 (R1) was admitted to the hospital for pneumonia. It  
10 was also alleged that there was a lack of staffing to prevent R1 from chewing on a plastic pencil  
11 sharpener.  
12  
13 [Continued on LIC9099-C]

|                  |                                      |
|------------------|--------------------------------------|
| <b>Unfounded</b> | <b>Estimated Days of Completion:</b> |
|------------------|--------------------------------------|

|                                                 |                         |
|-------------------------------------------------|-------------------------|
| <b>SUPERVISORS NAME:</b> Lizzette Tellez        |                         |
| <b>LICENSING EVALUATOR NAME:</b> Hannah Rodgers |                         |
| <b>LICENSING EVALUATOR SIGNATURE:</b>           | <b>DATE:</b> 06/05/2025 |

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

|                                           |                         |
|-------------------------------------------|-------------------------|
| <b>FACILITY REPRESENTATIVE SIGNATURE:</b> | <b>DATE:</b> 06/05/2025 |
|-------------------------------------------|-------------------------|

This report must be available at Child Care and Group Home facilities for public review for 3 years.  
LIC9099 (FAS) - (06/04) Page: 6 of 7  
**Control Number 08-AS-20250121105214**

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

**FACILITY NAME:** HERITAGE HILLS **FACILITY NUMBER:** 374603778  
**VISIT DATE:** 06/05/2025

| NARRATIVE |                                                                                                         |
|-----------|---------------------------------------------------------------------------------------------------------|
| 1         | Records review of R1's medical records revealed that R1 was transported to the hospital's emergency     |
| 2         | department on January 18, 2025, following an unrelated injury. Review of R1's emergency                 |
| 3         | documentation revealed that R1 obtained a chest x-ray and was found to have no evidence of              |
| 4         | pneumonia.                                                                                              |
| 5         |                                                                                                         |
| 6         | On December 30, 2024, LPA conducted an announced visit to the facility after the self-reported incident |
| 7         | of R1 chewing on a pencil sharpener. One deficiency was cited per California Health and Safety Code     |
| 8         | during that visit.                                                                                      |
| 9         |                                                                                                         |
| 10        | Based on records review and interviews, the allegations that neglect/lack of supervision resulted in    |
| 11        | pneumonia and there was lack of adequate staffing to meet resident needs is unfounded, meaning it       |
| 12        | was false, could not have happened, and/or is without a reasonable basis. The allegations have          |
| 13        | therefore been dismissed. An exit interview was conducted with Executive Director McCoy, to whom a      |
| 14        | copy of this report and the Licensee/Appeal Rights (LIC9058 03/22) were provided.                       |
| 15        |                                                                                                         |
| 16        |                                                                                                         |
| 17        |                                                                                                         |
| 18        |                                                                                                         |
| 19        |                                                                                                         |
| 20        |                                                                                                         |
| 21        |                                                                                                         |
| 22        |                                                                                                         |
| 23        |                                                                                                         |
| 24        |                                                                                                         |
| 25        |                                                                                                         |
| 26        |                                                                                                         |
| 27        |                                                                                                         |
| 28        |                                                                                                         |
| 29        |                                                                                                         |
| 30        |                                                                                                         |
| 31        |                                                                                                         |
| 32        |                                                                                                         |

|                                                 |                         |
|-------------------------------------------------|-------------------------|
| <b>SUPERVISORS NAME:</b> Lizzette Tellez        |                         |
| <b>LICENSING EVALUATOR NAME:</b> Hannah Rodgers |                         |
| <b>LICENSING EVALUATOR SIGNATURE:</b>           | <b>DATE:</b> 06/05/2025 |

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

