

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 374603913

Report Date: 09/26/2025

Date Signed: 09/26/2025 09:47:43 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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **11/26/2024** and conducted by Evaluator Marisela Garcia-Centeno

	<b>COMPLAINT CONTROL NUMBER: 08-AS-20241126155127</b>
--	---

<b>FACILITY NAME:</b> NOBLE LIVING II LLC	<b>FACILITY NUMBER:</b> 374603913
<b>ADMINISTRATOR:</b> BUNNELL, DEBRA	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 505 HILLS LANE DR	<b>TELEPHONE:</b> (619) 938-4984
<b>CITY:</b> EL CAJON	<b>STATE:</b> CA
<b>CAPACITY:</b> 6	<b>ZIP CODE:</b> 92020
<b>MET WITH:</b> Administrator, Nora Garcia	<b>CENSUS:</b> 6
	<b>DATE:</b> 09/26/2025
	<b>UNANNOUNCED TIME BEGAN:</b> 08:15 AM
	<b>TIME COMPLETED:</b> 09:45 AM

#### ALLEGATION(S):

1	Facility staff did not meet resident's medical needs
2	Facility staff did not allow resident to speak with family
3	
4	
5	
6	
7	
8	
9	

#### INVESTIGATION FINDINGS:

1	On September 26, 2025, Licensing Program Analyst (LPA) Marisela Garcia-Centeno conducted a telephone conference with Administrator Nora Garcia to present investigative findings.
2	
3	
4	The Department's investigation included a facility tour, record review, and interviews with staff and external sources.
5	
6	
7	On November 26, 2024, Community Care Licensing (CCL) received a complaint alleging that a resident (R1) required medical attention due to a persistent cough, and that staff did not take R1 to the doctor. It was specifically alleged that when an outside source spoke with R1 on the telephone, R1 sounded congested with a persistent cough.
8	
9	
10	
11	
12	(Continue at LIC9099C)
13	

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
------------------------	--------------------------------------

**SUPERVISORS NAME:** Sabel Martinez

LICENSING EVALUATOR NAME: Marisela Garcia-Centeno

LICENSING EVALUATOR 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-20241126155127

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 (Cont)

FACILITY NAME: NOBLE LIVING II LLC

FACILITY NUMBER: 374603913

VISIT DATE: 09/26/2025

## NARRATIVE

1 (continue at LIC9099)  
2  
3 Interviews revealed that the outside source initiated a 911 call, resulting in law enforcement conducting  
4 a health and safety check on R1. However, record review and interviews determined that R1 did not  
5 require medical attention.  
6  
7 During a visit on December 5, 2024, R1 was observed without any signs of illness. Although R1 was not  
8 alert to time, place, or self, they were observed interacting with staff and residents, watching television,  
9 and engaging socially. No cough or flu-like symptoms were observed during the two-hour visit.  
10  
11 Staff and resident interviews confirmed that R1 had not been observed with a cough or flu-like  
12 symptoms. Staff reported that R1's vitals were checked daily, with no concerns identified, and that R1  
13 had not expressed any discomfort. Staff further indicated they remain vigilant in monitoring residents  
14 and act immediately when changes in condition occur. The investigation did not yield evidence that staff  
15 failed to meet R1's medical needs.  
16  
17 It was also alleged that on November 26, 2024, staff blocked an outside source from calling the facility  
18 to speak with R1. During the facility visit on December 5, 2024, LPA reviewed the facility's phone log and  
19 phone system. Phone records confirmed that calls from the outside source's number were received  
20 during November and December 2024, and no numbers were blocked on the facility's phone. The  
21 phone log reflected call histories with varying durations, ranging from one to six minutes.  
22 Staff interviews denied the allegation, and multiple interviews with outside sources did not identify  
23 concerns about restricted resident phone access. The investigation did not yield evidence to support this  
24 allegation.  
25  
26 The investigation found no corroborating evidence that staff failed to meet R1's medical needs or that  
27 staff denied R1 the ability to speak with family or outside sources.  
28  
29 Based on the investigation—including record reviews, staff interviews, and external sources—there is  
30 insufficient evidence to substantiate the allegations. Therefore, the allegations are deemed  
31 Unsubstantiated.  
32  
(continue at LIC9099C)

SUPERVISORS NAME: Sabel Martinez

LICENSING EVALUATOR NAME: Marisela Garcia-Centeno

LICENSING EVALUATOR 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

LIC9099 (FAS) - (06/04)

Page: 3 of 3

Control Number 08-AS-20241126155127

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION

**COMPLAINT INVESTIGATION REPORT  
(Cont)**

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

**FACILITY NAME:** NOBLE LIVING II LLC

**FACILITY NUMBER:** 374603913

**VISIT DATE:** 09/26/2025

**NARRATIVE**

1 (Continue from LIC9099C)  
2  
3

4 An exit interview was conducted with Administrator Nora Garcia. A copy of this report and the Licensee  
5 Appeal Rights (LIC 9058, 03/22) were provided via email at nora@nobleliving.org. Electronic  
6 confirmation of receipt was obtained.  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32

**SUPERVISORS NAME:** Sabel Martinez

**LICENSING EVALUATOR NAME:** Marisela Garcia-Centeno

**LICENSING EVALUATOR 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