

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604019
Report Date: 02/10/2026
Date Signed: 02/10/2026 11:59:55 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 **11/12/2025** and conducted by Evaluator Janet Ngallo

	COMPLAINT CONTROL NUMBER: 08-AS-20251112192046
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FACILITY NAME: POINT LOMA ELDER CARE	FACILITY NUMBER: 374604019
ADMINISTRATOR: GAURAV RATHI	FACILITY TYPE: 740
ADDRESS: 3941 LIGGET DRIVE	TELEPHONE: (619) 255-6448
CITY: SAN DIEGO	STATE: CA
CAPACITY: 6	ZIP CODE: 92106
	DATE: 02/10/2026
	UNANNOUNCED TIME BEGAN: 12:10 PM
MET WITH:	TIME COMPLETED: 01:30 PM

ALLEGATION(S):

1	Physical abuse resulting in serious bodily injury.
2	Staff did not safeguard resident's personal items.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Janet Ngallo conducted an unannounced subsequent visit to deliver
2	findings regarding the above-mentioned allegations. LPA identified themselves and met with
3	Administrator Nikki Mundhada, to discuss the purpose of the visit and elements of the complaint.
4	
5	On 11/12/2025, it was alleged that physical abuse towards a resident resulted in serious bodily injury and
6	that staff did not safeguard resident's personal items. The Department's investigation consisted of
7	interviews with facility staff, residents, and a review of facility records.
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9	(Cont. on LIC 9099-C)
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Lizzette Tellez

LICENSING EVALUATOR NAME: Janet Ngallo
LICENSING EVALUATOR SIGNATURE:

DATE: 02/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/10/2026

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

LIC9099 (FAS) - (06/04)

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Control Number 08-AS-2025112192046

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: POINT LOMA ELDER CARE

FACILITY NUMBER: 374604019

VISIT DATE: 02/10/2026

NARRATIVE

1 (Cont. from LIC 9099)

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Staff interviews did not corroborate the allegations as staff consistently stated that they have not witnessed any physical abuse toward R1 or any other resident, nor have they stolen any personal property belonging to R1. Staff reported that when R1 moved into the facility, they brought a significant amount of belongings that obstructed fire exits. The social worker was notified, and the facility issued several written notices to R1 regarding removal of excess items. The facility also contacted a junk removal service to address the blockage of fire exits. Staff stated that these actions were taken to maintain safety and compliance with fire regulations. Staff reported that R1 has a diagnosis of dementia and has a history of making statements that are inconsistent or unrelated to actual events. Residents interviewed stated they had not observed any concerning interactions between staff and residents, and that they feel safe and comfortable.

Review of the facility records did not corroborate the allegations as records indicated that R1 has a history of making allegations about physical abuse. R1's Needs and Services Plan lists their primary diagnoses of vascular dementia with delusions, medical non-compliance, chronic low back pain, and a history of frequent falls. The plan notes that R1 prefers to stay in their room and has a pattern of reporting that someone enters their room and beats them, despite no corroborating evidence. R1's Needs and Services Plan stated that R1 previously reported that caregivers at their former facility beat them with a stick, and that they have since made similar allegations about staff at the current facility. R1's social worker and primary care provider are aware of these ongoing behavioral patterns and statements. R1's personal property and valuables document revealed 4 (four) property items listed and noted to be located in the resident's room. Email correspondence revealed written notices given to R1 regarding removal of their belongings, and confirmation of R1's payment for removal of the excess belongings.

LPA observed R1 in their room. R1 endorsed pain in the left lower back but no visible bruising, swelling, redness, or injury was observed. R1 demonstrated confusion during the interaction and made statements about wanting to return to their home town. R1 stated that they were hit by staff once, but cannot recall the name of the person or the time that it happened. R1 stated that they currently feel safe at this facility. LPA observed staff interacting appropriately with residents during the visit. No signs of neglect, mistreatment, or unsafe conditions were observed. R1's room and surrounding areas appeared clean, orderly, and free of hazards. Personal property listed in R1's possession were present in R1's room. (Cont. on LIC 9099-C pg. 1)

SUPERVISORS NAME: Lizzette Tellez

LICENSING EVALUATOR NAME: Janet Ngallo

LICENSING EVALUATOR SIGNATURE:

DATE: 02/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/10/2026

LIC9099 (FAS) - (06/04)

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Control Number 08-AS-2025112192046

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: POINT LOMA ELDER CARE

FACILITY NUMBER: 374604019

VISIT DATE: 02/10/2026

NARRATIVE

1 (Cont. from LIC 9099-C)
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3 Based on interviews, direct LPA observations, and records review, a preponderance of evidence does
4 not exist to prove that the alleged violations occurred. Therefore, the allegations are determined to be
5 UNSUBSTANTIATED.
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7 An exit interview was conducted with Administrator Nikki Mundhada, to whom a copy of this report and
8 the Licensee/Appeal Rights (LIC 9058 03/22) were provided and their signature confirms receipt of the
9 report.
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LICENSING EVALUATOR NAME: Janet Ngallo

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