

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604019
Report Date: 08/27/2026
Date Signed: 08/27/2026 02:00:57 PM

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 02/24/2025 and conducted by Evaluator Janet Ngallo

		COMPLAINT CONTROL NUMBER: 08-AS-20250224165115	
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	ZIP CODE: 92106
CAPACITY:	0	CENSUS: 0	DATE: 08/27/2026
MET WITH: Licensee Nikki Mundhada		UNANNOUNCED TIME BEGAN:	08:30 AM
		TIME COMPLETED:	02:00 PM

ALLEGATION(S):

1	Licensee neglect resulted in hospitalization.
2	Licensee neglect resulted in delayed medical care.
3	Licensee did not report resident's change in condition.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA)Janet Ngallo conducted a telephone visit to deliver findings regarding
2	the above mentioned complaint allegations due to the facility being closed. LPA identified herself and
3	discussed the purpose of the call with the Licensee Nikki Mundhada.
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5	On 02/24/2025, it was alleged that licensee neglect resulted in the hospitalization of a resident (R1),
6	licensee neglect resulted in delayed medical care for R1, and that the licensee did not report R1's
7	change in condition. The Department's investigation consisted of interviews with internal and external
8	sources and reviewed multiple facility records as well as outside medical documentation.
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10	[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: 08/27/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/27/2026

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-20250224165115

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
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FACILITY NAME: POINT LOMA ELDER CARE	FACILITY NUMBER: 374604019
	VISIT DATE: 08/27/2026

NARRATIVE	
1 [Cont. from LIC 9099] 2 3 4 Regarding the allegation that licensee neglect resulted in the hospitalization of R1, interviews revealed 5 that R1 was first checked on by S1 at approximately 0430 hours on 02/01/2025 and was awake without 6 reporting abdominal pain. At approximately 0655 hours, S1 checked on R1 again, at which time R1 7 reported abdominal discomfort. S1 notified S2, who instructed S1 to administer Tylenol. When S1 8 returned at approximately 0813 hours to assist R1 with breakfast, R1 reported that the pain had 9 worsened. S1 contacted emergency services, and paramedics arrived shortly thereafter. R1 was 10 transported to a medical center, where R1 was diagnosed with Ogilvie's syndrome, a rare condition that 11 can develop rapidly and is difficult to detect without imaging unless a patient reports pain. Interviews and 12 bowel movement logs indicated that R1 had been having regular bowel movements and had not 13 reported abdominal pain prior to 02/01/2025. Records confirmed that R1 denied abdominal pain or 14 distention prior to hospitalization. 15 16 Regarding the allegation that licensee neglect resulted in delayed medical care for R1, interviews and 17 records reviewed showed that R1 had not complained of abdominal pain prior to 02/01/2025 and was 18 having documented, regular bowel movements. Staff reported that R1 was not exhibiting nausea, 19 vomiting, or other signs of distress until the morning of 02/01/2025. When R1 first reported abdominal 20 discomfort at approximately 0655 hours, S1 contacted S2 and administered Tylenol as instructed. When 21 R1 later reported worsening pain at approximately 0813 hours, S1 contacted emergency services 22 immediately. Paramedics responded within minutes and transported R1 to the hospital for evaluation. 23 Medical professionals reported that Ogilvie's syndrome can occur rapidly and without early warning 24 signs, and that the condition would not have been identifiable without imaging unless the resident 25 expressed pain. 26 27 Regarding the allegation that the licensee did not report R1's change in condition, interviews and 28 records support that R1 did not exhibit any change in condition prior to 02/01/2025. Staff reported no 29 signs of distress, confusion, or discomfort beyond R1's baseline, and interviews consistently indicated 30 that R1 did not experience or report abdominal pain until the morning of 02/01/2025. Records review of 31 R1's bowel movement log confirmed normal bowel activity with no noted abnormalities or interruptions in 32 routine, including documented movements on 01/31/2025. Facility charting reflected no concerns or reported changes in condition leading up to the incident. Once R1 stated experiencing abdominal pain at 0655 hours, staff notified supervisory personnel, and when symptoms escalated at 0813 hours, staff immediately contacted emergency medical services. [Cont. on LIC 9099-C pg. 1]	

SUPERVISORS NAME: Lizzette Tellez LICENSING EVALUATOR NAME: Janet Ngallo LICENSING EVALUATOR SIGNATURE:	DATE: 08/27/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/27/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION
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**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: 08/27/2026

NARRATIVE

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[Cont. from LIC 9099-C]

Based on interviews conducted, review of records, including outside sources records, a preponderance of evidence does not exist to support the allegation. Therefore, the allegation is unsubstantiated. An exit interview was conducted via telephone with Licensee Nikki Mundhada. A copy of this report and the Licensee/Appeal Rights (LIC 9058) were provided and documents were delivered via email.

SUPERVISORS NAME: Lizzette Tellez
LICENSING EVALUATOR NAME: Janet Ngallo
LICENSING EVALUATOR SIGNATURE:

DATE: 08/27/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/27/2026