

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604063

Report Date: 03/02/2026

Date Signed: 03/02/2026 10:02:08 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 **10/21/2024** and conducted by Evaluator Amy Rodgers

	COMPLAINT CONTROL NUMBER: 08-AS-20241021144527
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FACILITY NAME: MESAVIEW SENIOR ASSISTED LIVING	FACILITY NUMBER: 374604063
ADMINISTRATOR: GENOVEVA GUERRERO	FACILITY TYPE: 740
ADDRESS: 7971 CULOWEE STREET	TELEPHONE: (619) 466-0253
CITY: LA MESA	STATE: CA ZIP CODE: 91942
CAPACITY: 30	CENSUS: 29 DATE: 03/02/2026
MET WITH: Assitant Manger Ileana Castro.	UNANNOUNCED TIME BEGAN: 08:30 AM
	TIME COMPLETED: 10:00 AM

ALLEGATION(S):

1	Resident missed medication
2	Staff do not follow physicians orders.
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INVESTIGATION FINDINGS:

1	LPA Amy Rodgers conducted an unannounced complaint visit via telephone to deliver findings to Assit.
2	Manger Ileana Castro.
3	On October 21, 2024, CCL received a complaint alleging Resident #1(R1) missed medication and that
4	staff were not following physician's orders. R1 specifically alleged eye drops were only given once daily
5	instead of four times daily.
6	The Department reviewed facility records and conducted staff and outside interviews. Records confirmed
7	R1's physician's orders for eye drops were four(4) times daily, and Medication Administration Records
8	(MARs) and daily logs showed consistent administration as ordered. R1 also signs a daily medication log
9	verifying they were given the eye drops and no noted discrepancies were documented. Department
10	Interviews confirmed R1 has a documented mental health diagnosis and has made similar allegations in
11	the past. No evidence was found to support that medications were missed or that staff failed to follow
12	physician's orders.
13	Based on interviews and records review, a preponderance of evidence does not exist to prove that the
	alleged violation occurred, therefore the allegation is UNSUBSTANTIATED.
	An exit interview was conducted and a copy of this report and Licensee/Appeal Rights (LIC 9058 01/16)
	were provided to Asministrator Guerrero via E-mail. An electronic E-mail read receipt confirms the
	documents were received.

Unsubstantiated

Estimated Days of Completion:

SUPERVISORS NAME: Simon Jacob

LICENSING EVALUATOR NAME: Amy Rodgers

LICENSING EVALUATOR SIGNATURE:

DATE: 03/01/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/01/2026

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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