

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604171
Report Date: 04/23/2026
Date Signed: 04/23/2026 01:43:46 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 **04/15/2026** and conducted by Evaluator Ramin Hashemi

	COMPLAINT CONTROL NUMBER: 08-AS-20260415123800
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FACILITY NAME:	LO-HAR SENIOR LIVING	FACILITY NUMBER:	374604171
ADMINISTRATOR:	MARINKO, CHARLES	FACILITY TYPE:	740
ADDRESS:	768 DOROTHY ST	TELEPHONE:	(619) 444-8270
CITY:	EL CAJON	ZIP CODE:	92019
CAPACITY:	68	DATE:	04/23/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	11:50 AM
	CENSUS: 66	TIME COMPLETED:	02:00 PM
MET WITH:	Yolonda Torres Clinical Director		

ALLEGATION(S):

1	Staff did not assist resident in making a medical appointment
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Ramin Hashemi conducted an unannounced visit to open a complaint
2	investigation and to deliver findings regarding the above complaint allegations. LPA introduced
3	themselves and disclosed the purpose of the visit to Yolonda Torres, Clinical Director.
4	
5	On 04/15/2026 it was alleged "Staff did not assist resident in making a medical appointment." The
6	Department's investigation consisted of unannounced facility visits, interviews with facility staff, residents,
7	outside sources, and records review.
8	
9	Regarding the allegation, "Staff did not assist resident in making a medical appointment", it was alleged
10	when a friend of a resident at the facility tried to havethe resident sign for a medical appointment, staff
11	stopped the resident from signing.
12	
13	(Continued on LIC9099C, Page 2)

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Lizzette Tellez

LICENSING EVALUATOR NAME: Ramin Hashemi	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/23/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/23/2026

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 2
Control Number 08-AS-20260415123800

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: LO-HAR SENIOR LIVING	FACILITY NUMBER: 374604171
	VISIT DATE: 04/23/2026

NARRATIVE	
1	(Continued from LIC9099, Page 1)
2	
3	Staff interviews revealed that staff provide medical visits for residents through a mobile doctor who visits
4	the facility on a weekly to biweekly basis. Staff 1 (S1) stated that Resident 1 (R1) is not allowed to sign
5	documents or make financial or medical decisions. S1 noted that R1 sees the mobile doctor on a
6	biweekly basis. S1 told the LPA that they are afraid that R1 could become a victim of financial abuse or
7	worse if they were to sign documents provided by visitors without the POA or responsible party present.
8	
9	Outside Source interviews revealed that R1 has been receiving medical appointments through the
10	facility. Outside Source 1 (OS1) Confirmed they are able to see R1's progress notes and medications
11	through an online charting system. Additionally, OS1 stated they are in communication with the facility
12	twice a week about R1's condition and progress. This corroborates staff interviews. OS1 stated they
13	have no concerns about the facility's ability to provide care for R1 and noted to the LPA that since having
14	moved in, R1's condition has improved greatly.
15	
16	Records review revealed that R1 has been seen by the mobile doctor during the period of the complaint
17	per the progress notes dated, 03/20/2026, 04/01/2026, 04/09/2026. Review of the progress note dated
18	03/20/2026 stated and confirmed that R1 is "forgetful, unable to concentrate, and unable to make
19	appropriate medical or financial decisions independently." This corroborates outside source and staff
20	interviews.
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23	Based on interviews and records review, a preponderance of evidence does not exist to prove that the
24	alleged violation occurred, therefore the allegation is UNSUBSTANTIATED. An exit interview was
25	conducted with Yolonda Torres, Clinical Director and Executive director Andy Chin, to whom a copy of
26	this report and the Licensee/Appeal Rights (LIC9058 03/22) were provided.
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SUPERVISORS NAME: Lizzette Tellez	
LICENSING EVALUATOR NAME: Ramin Hashemi	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/23/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/23/2026