

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604232
Report Date: 08/30/2026
Date Signed: 08/30/2026 08:13:26 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 **06/19/2026** and conducted by Evaluator Nacole Patterson

		COMPLAINT CONTROL NUMBER: 08-AS-20260619141822	
FACILITY NAME: REMINGTON CLUB II		FACILITY NUMBER:	374604232
ADMINISTRATOR: SAHAR MOSALLA		FACILITY TYPE:	740
ADDRESS: 16922 HIERBA DRIVE		TELEPHONE:	(858) 673-6333
CITY: SAN DIEGO		STATE: CA	ZIP CODE: 92128
CAPACITY: 140		CENSUS: 75	DATE: 08/30/2026
		UNANNOUNCED	TIME BEGAN: 07:14 PM
MET WITH: Director of Health and Wellness Raquel Mathews		TIME COMPLETED:	08:15 PM

ALLEGATION(S):

1	Staff were not adequately trained for emergency procedures.
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INVESTIGATION FINDINGS:

1	The following determination of findings have been made by Licensing Program Analyst (LPA) Nacole Patterson. The findings were delivered to Director of Health and Wellness Raquel Mathews via phone.
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4	On 06/19/2026 it was alleged that staff were not adequately trained for emergency procedures, specifically the evacuation chairs for the stairwells. The Department's investigation consisted of an unannounced facility visit, interviews with facility staff, resident, and records review.
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7	Staff informed that quarterly fire drills were conducted for all shifts; the facility elevators were both out simultaneously for approximately 2-3-days before one elevator was repaired and back operational. Staff informed that all resident services were adjusted to accommodate this, such as free tray service, activities being brought to each floor, and ambulatory residents being assisted down the stairs by caregivers. (Continued on LIC9099 p.2)
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Unsubstantiated	Estimated Days of Completion: 0
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SUPERVISORS NAME: Sabel Martinez

LICENSING EVALUATOR NAME: Nacole Patterson	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/30/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/30/2026

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-20260619141822

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: REMINGTON CLUB II	FACILITY NUMBER: 374604232
	VISIT DATE: 08/30/2026

NARRATIVE	
1	(Continued from LIC9099 p.1)
2	
3	Staff informed that only 1 resident was taken down the stairs by evacuation chair - they were taken
4	down by paramedics, not staff. Staff informed that the Quarter 2 fire drill training was arranged to be
5	trained by the evacuation chair vendor/contractor. Staff provided records of the training as well as
6	photos of paramedics taking the resident in question down the stairs in the evacuation chair, which
7	corroborated statements.
8	
9	The resident in question who was taken down the stairs in the evacuation chair affirmed that the
10	paramedics took them down the stairs with no issue. The resident informed that staff did not take them
11	down the stairs.
12	
13	Relevant records were reviewed for the investigation. The records showed that the facility conducted
14	quarterly fire/emergency drills, per requirement. The drills contained signatures from staff of all shifts.
15	Photos were taken of the resident in question being taken down the stairs by two paramedics in an
16	evacuation chair. Fire Drill training records corroborated staff statements that drills were conducted
17	quarterly for all shifts.
18	
19	During an unannounced facility visit LPA directly observed evacuation chairs at the top of each stairwell
20	in the building. The chairs contained a cover with written instructions and images on how to operate the
21	chairs. The quarterly fire drill training records state that "Location of life safety equipment & emergency
22	shut offs" are included in the fire drills.
23	
24	Evidence shows that the resident who was taken down the stairs in an evacuation chair was not taken
25	down by staff, but EMS. Evidence also showed that the facility conducted quarterly fire drills, as
26	required, which addressed the evacuation chairs. The evidence additionally showed that the instructions
27	on use of the chairs was written on the cover of each evacuation chair, in the event staff needed to use it
28	in lieu of the paramedics.
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31	Based on interviews, direct LPA observations and records review, a preponderance of evidence does
32	not exist to prove that the alleged violation occurred, therefore the allegation is UNSUBSTANTIATED.
	An exit interview was conducted with Raquel Mathews, to whom a copy of this report and the
	Licensee/Appeal Rights (LIC9058 03/22) were provided via email. A copy of this report will be mailed to
	the Licensee.

SUPERVISORS NAME: Sabel Martinez	
LICENSING EVALUATOR NAME: Nacole Patterson	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/30/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/30/2026