

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# COMPLAINT INVESTIGATION REPORT

Facility Number: 374604254  
Report Date: 07/03/2025  
Date Signed: 07/03/2025 05:24:23 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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/01/2025** and conducted by Evaluator Nacole Patterson

	<b>COMPLAINT CONTROL NUMBER: 08-AS-20250701131855</b>
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<b>FACILITY NAME:</b> SILVERADO SENIOR LIVING-ENCINITAS	<b>FACILITY NUMBER:</b> 374604254
<b>ADMINISTRATOR:</b> SABRINA PEGROSS	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 335 SAXONY ROAD	<b>TELEPHONE:</b> (949) 240-7200
<b>CITY:</b> ENCINITAS	<b>STATE:</b> CA
<b>CAPACITY:</b> 122	<b>ZIP CODE:</b> 92024
	<b>CENSUS:</b> 70
	<b>DATE:</b> 07/03/2025
<b>MET WITH:</b> Executive Director Calais Anguiano	<b>UNANNOUNCED TIME BEGAN:</b> 01:45 PM
	<b>TIME COMPLETED:</b> 05:30 PM

**ALLEGATION(S):**

1	Staff mismanaged resident's medications.
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Nacole Patterson conducted an unannounced 10-day visit to initiate a
2	complaint investigation and deliver findings regarding the above complaint allegation. LPA introduced
3	themselves and disclosed the purpose of the visit to Executive Director Calais Anguiano.
4	
5	On 07/01/2025 it was alleged that staff mismanaged Resident 1's (R1) medication. The Department's
6	investigation consisted of an unannounced facility visit, interviews with facility staff, outside sources, and
7	records review. Staff interview did not corroborate the allegation, as staff involved with medication
8	administration informed no medication errors had occurred. Staff informed that a documentation
9	discrepancy had occurred but was corrected and the correct medication was given. Management informed
10	that all medication errors are elevated and investigated, and confirmed that no medication errors had
11	occurred for residents during the timeframe of complaint.
12	
13	Two outside sources were interviewed regarding the allegation. (Continued on LIC9099 p.2)

<b>Unsubstantiated</b>	<b>Estimated Days of Completion: 0</b>
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**NAME OF LICENSING PROGRAM MANAGER:** Sabel Martinez  
**NAME OF LICENSING PROGRAM ANALYST:** Nacole Patterson  
**LICENSING PROGRAM ANALYST SIGNATURE:** \_\_\_\_\_  
**DATE:** 07/03/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_  
**DATE:** 07/03/2025

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-20250701131855

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p><b>COMPLAINT INVESTIGATION REPORT (Cont)</b></p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108</p>
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**FACILITY NAME:** SILVERADO SENIOR LIVING-ENCINITAS **FACILITY NUMBER:** 374604254  
**VISIT DATE:** 07/03/2025

NARRATIVE	
1	(Continued from LIC9099 p.1)
2	
3	An outside protective agency familiar with the facility informed that they had not been made aware of
4	any medication errors for the timeframe of complaint and did not have any concerns. An outside medical
5	agency familiar with R1 informed that there have been no medication errors for R1 and no concerns
6	about medication administration at the facility.
7	
8	Review of facility records did not corroborate the allegation. Progress notes for R1 showed that R1's
9	prescription for a behavior condition was adjusted, resulting in them presenting as more lethargic than
10	normal. R1 was placed on alert charting during the timeframe of concern, the notes showing that the
11	new prescription was effective. Review of R1's Medication Administration Record (MAR) did not
12	evidence that a medication error had occurred. No records were found to corroborate that a medication
13	error occurred.
14	
15	Based on interviews, direct LPA observations and records review, a preponderance of evidence does
16	not exist to prove that the alleged violation occurred, therefore the allegation is UNSUBSTANTIATED.
17	An exit interview was conducted with Executive Director Calais Anguiano, to whom a copy of this report
18	and the Licensee/Appeal Rights (LIC9058 03/22) were provided.
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**NAME OF LICENSING PROGRAM MANAGER:** Sabel Martinez  
**NAME OF LICENSING PROGRAM ANALYST:** Nacole Patterson  
**LICENSING PROGRAM ANALYST SIGNATURE:** \_\_\_\_\_  
**DATE:** 07/03/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_  
**DATE:** 07/03/2025