

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604261

Report Date: 02/26/2026

Date Signed: 02/26/2026 03:38:52 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 **07/11/2023** and conducted by Evaluator Janet Ngallo

	COMPLAINT CONTROL NUMBER: 08-AS-20230711162806
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FACILITY NAME: AVANTGARDE SENIOR LIVING OF LA JOLLA	FACILITY NUMBER: 374604261
ADMINISTRATOR: ESCOBAR, AGUSTIN	FACILITY TYPE: 740
ADDRESS: 6211 LA JOLLA HERMOSA AVE	TELEPHONE: (818) 692-5284
CITY: LA JOLLA	STATE: CA
CAPACITY: 45	ZIP CODE: 92037
MET WITH: Administrator Susan Caccam	CENSUS: 37
	DATE: 02/26/2026
	UNANNOUNCED TIME BEGAN: 09:30 AM
	TIME COMPLETED: 03:30 PM

ALLEGATION(S):

1	Neglect/lack of supervision resulting in a burn.
2	Neglect resulting in a resident being drugged.
3	Staff did not assist resident with medication.
4	Staff did not treat resident with dignity.
5	Staff did not provide food of good quality.
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Janet Ngallo conducted an unannounced visit to deliver findings
2	regarding the above mentioned allegations. LPA identified themselves and met with Administrator Susan
3	Caccam to discuss the purpose of the visit and elements of the complaint.
4	
5	On 07/11/2023, it was alleged that neglect/lack of supervision resulted in a burn, neglect resulted in a
6	resident being drugged, staff did not assist resident with medication, staff did not treat resident with
7	dignity, and staff did not provide food of good quality. The department's investigation consisted of
8	interviews and records review.
9	
10	Regarding the allegation that neglect/lack of supervision resulted in a burn, the resident(R1), stated that
11	they woke up to a burn on their nose. R1 stated that they did not feel anything throughout the night and
12	reported it to staff. (Cont. on LIC 9099-C)
13	

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Lizzette Tellez

LICENSING EVALUATOR NAME: Janet Ngallo
LICENSING EVALUATOR SIGNATURE:

DATE: 02/26/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/26/2026

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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Control Number 08-AS-20230711162806

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 (Cont)

FACILITY NAME: AVANTGARDE SENIOR LIVING OF LA JOLLA

FACILITY NUMBER: 374604261

VISIT DATE: 02/26/2026

NARRATIVE

1 (Cont. from LIC 9099)
 2 Interviews with staff reported that they could not recall the resident ever sustaining an injury of this
 3 nature and stated that the resident did not report a burn or similar injury to them at the time.
 4
 5 Records review of a photograph provided to the department showed a small mark on the top of R1's
 6 nose that appeared consistent with a mole, however, the image was not clear enough to determine
 7 whether the mark was a burn or another type of skin irregularity. No evidence corroborates that R1
 8 sustained a burn due to neglect/lack of supervision.
 9
 10 Regarding the allegation that neglect resulted in a resident being drugged, R1 stated that the facility
 11 cook placed laxatives in R1's food, though R1 could not recall the date and believed this occurred
 12 because the cook did not like R1. R1 also stated that on a separate occasion an unknown staff member
 13 put something in R1's food that caused R1 to "pass out," and believed the food had been drugged
 14 based on similar experiences at a previous facility.
 15
 16 Interviews with staff did not corroborate the allegation, as staff stated that medications are never added
 17 to meals and that no staff were observed engaging in inappropriate food handling. Interviews reported
 18 that they believed R1 did not prefer specific staff members to prepare meals for R1, and that R1 may
 19 have disliked certain staff members. Staff stated that no residents, including R1, reported food
 20 tampering after meals, and that any adverse reactions would have been coincidental rather than the
 21 result of intentional actions by staff.
 22
 23 Regarding the allegation that staff did not provide food of good quality, R1 stated that on one occasion,
 24 a hamburger patty appeared undercooked and that the cook served a burned grilled-cheese sandwich
 25 to another resident.
 26
 27 Staff reported no complaints of undercooked or burned food from other residents, and stated that
 28 residents are always able to request preferred meals directly from the kitchen and are not required to
 29 eat only what is on the menu. Staff further reported that the kitchen makes efforts to adjust or substitute
 30 meals whenever possible to accommodate resident preferences.
 31
 32 Resident interviews consistently stated that the food quality was acceptable, that meals were not
 undercooked or burned, and that they were able to request alternative meals from the kitchen when
 preferred.
 (Cont. on LIC 9099-C pg. 1)

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

DATE: 02/26/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/26/2026

LIC9099 (FAS) - (06/04)

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Control Number 08-AS-20230711162806

**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** AVANTGARDE SENIOR LIVING OF LA
JOLLA**FACILITY NUMBER:** 374604261**VISIT DATE:** 02/26/2026**NARRATIVE**

1 (Cont. from LIC 9099-C)
2
3
4 Regarding the allegation that staff did not assist R1 with medication, interviews did not corroborate the
5 allegation, as staff stated that medications were sometimes delayed only when R1 returned late from
6 outings, but otherwise the resident routinely requested medications and declined to sign medication logs
7 when offered.
8
9 Interviews with residents reported receiving their medications consistently and did not experience any
10 missed or withheld doses.
11
12 Records review of R1's Physician's Report (LIC 602) revealed that R1 is permitted to leave the facility
13 unassisted and is able to manage their own medications, including administering and storing
14 medications independently. Review of R1's medication list signed off by a physician revealed that
15 multiple medications were authorized for R1 to self-administer.
16
17 Regarding the allegation that staff did not treat R1 with dignity, R1 stated that staff made racial and
18 demeaning comments, but R1 could not provide specific statements made by staff. R1 stated that staff
19 had called law enforcement and told them that R1 had several diagnoses.
20
21 Interviews with staff stated they did not recall any incidents in which police were called regarding R1 and
22 reported that they had not observed any staff speaking to the resident disrespectfully or inappropriately.
23
24 Records review of R1's Individual Service Plan indicated that R1 is moderately impaired, is usually
25 unable to make independent decisions, and has judgment that is frequently impaired, requiring cues and
26 supervision for daily functioning.
27
28 Based on interviews and records review, the department has determined that although the allegations
29 may have happened or are valid, there is not a preponderance of evidence to prove the alleged
30 violations did or did not occur, therefore the allegations are UNSUBSTANTIATED. An exit interview was
31 conducted and a copy of this report along with Licensee Rights (LIC 9058 03/22) were provided to
32 Administrator Susan Caccam, whose signature below confirms receipt of these rights.

SUPERVISORS NAME: Lizzette Tellez**LICENSING EVALUATOR NAME:** Janet Ngallo**LICENSING EVALUATOR SIGNATURE:****DATE:** 02/26/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and
received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 02/26/2026