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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604261
Report Date: 08/20/2026
Date Signed: 08/20/2026 03:22:18 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/27/2026** and conducted by Evaluator Janet Ngallo

	COMPLAINT CONTROL NUMBER: 08-AS-20260527151209

FACILITY NAME:	AVANTGARDE SENIOR LIVING OF LA JOLLA			**FACILITY NUMBER:**	374604261
ADMINISTRATOR:	CACCAM, SUSAN			**FACILITY TYPE:**	740
ADDRESS:	6211 LA JOLLA HERMOSA AVE			**TELEPHONE:**	(818) 692-5284
CITY:	LA JOLLA	**STATE:** CA		**ZIP CODE:**	92037
CAPACITY:	45	**CENSUS:** 32		**DATE:**	08/20/2026
		UNANNOUNCED		**TIME BEGAN:**	11:25 AM
MET WITH:	Administrator Susan Caccam			**TIME COMPLETED:**	03:05 PM

ALLEGATION(S):

1. Staff do not prevent resident from urinating and defecating in other residents' beds.
2. Staff do not prevent resident from making racist, sexist comments to other residents.

INVESTIGATION FINDINGS:

Licensing Program Analyst(LPA) Janet Ngallo conducted an unannounced subsequent visit to deliver findings regarding the above mentioned complaint allegations. LPA was greeted by, introduced themselves to, and discussed the purpose of the visit with Administrator Susan Caccam.

On 05/27/2026, it was alleged that staff do not prevent resident from urinating and defecating in other residents' beds, and that staff do not prevent resident from making racist, sexist comments to other residents. The department's investigation consisted of interviews and records review.

[Cont. from LIC 9099-C]

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Lizzette Tellez

LICENSING EVALUATOR NAME: Janet Ngallo
LICENSING EVALUATOR SIGNATURE:
DATE: 08/20/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/20/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Control Number 08-AS-20260527151209

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SAN DIEGO RO, 7575 METROPOLITAN DR. #109
SAN DIEGO, CA 92108

FACILITY NAME: AVANTGARDE SENIOR LIVING OF LA JOLLA **FACILITY NUMBER:** 374604261

VISIT DATE: 08/20/2026

NARRATIVE

[Cont. from LIC 9099]

Regarding the allegation that staff do not prevent resident from urinating and defecating in other residents' beds, staff interviews revealed that R1 exhibits dementia related behaviors including wandering, incontinence, confusion regarding personal space, and episodic agitation. Staff consistently reported redirecting R1, providing incontinence care, removing R1 from other residents' rooms when behaviors occurred, and administering PRN medication when appropriate. While staff acknowledged that R1 has soiled their own room or bedding, interviews did not confirm that R1 urinated or defecated in other residents' beds.

Resident interviews did not corroborate that R1 was observed urinating or defecating in other residents' beds. Residents acknowledged R1's behavioral symptoms but stated that staff consistently intervened and redirected R1 when needed.

Records review showed that R1 has dementia with behavioral disturbances, including incontinence, confusion, and wandering, and that R1's behaviors are being clinically managed by the facility's psychiatrist. Records also indicated that staff are to participate in frequent wellness checks, behavioral monitoring, and interventions for incontinence and agitation.

Regarding the allegation that staff do not prevent a resident from making racist or sexist comments to other resident, staff interviews confirmed that R1 exhibits episodic inappropriate verbal comments associated with dementia and behavioral diagnoses. Staff consistently reported redirecting R1, notifying supervisory staff, coordinating with the psychiatrist, administering PRN medication as appropriate, and removing R1 from situations involving other residents. Staff stated they intervene promptly and attempt to deescalate when verbal behaviors occur.

Resident interviews acknowledged that R1 makes inappropriate or disruptive comments, however, residents reported that staff routinely step in, redirect R1, and remove R1 from situations involving other residents. Residents expressed that staff respond appropriately and that staff are the main reason why residents are kept safe and free from R1's behaviors.

[Cont. on LIC 9099-C pg. 1]

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LICENSING EVALUATOR NAME: Janet Ngallo
LICENSING EVALUATOR SIGNATURE:
DATE: 08/20/2026

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DATE: 08/20/2026

Control Number 08-AS-20260527151209

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

NARRATIVE

[Cont. from LIC 9099-C]

Records review indicated that R1's behavioral symptoms are longstanding, clinically documented, and actively monitored. R1 receives medication for agitation, anxiety, and psychosis, and the facility's psychiatrist is adjusting R1's regimen to manage verbal outbursts. Documentation reflected interventions, behavioral monitoring, and structured care approaches appropriate for R1's condition.

Based on interviews, and records review, the preponderance of evidence standard has not been met, therefore the above allegations are found to be unsubstantiated. An exit interview was conducted with Administrator Susan Caccam and a copy of this report, along with Licensee/Appeal Rights (LIC 9058 01/16), were provided. Their signature confirms receipts of these documents.

SUPERVISORS NAME: Lizzette Tellez
LICENSING EVALUATOR NAME: Janet Ngallo
LICENSING EVALUATOR SIGNATURE:
DATE: 08/20/2026

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