

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604267

Report Date: 02/04/2026

Date Signed: 02/04/2026 01:21:36 PM

Substantiated

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 **01/29/2026** and conducted by Evaluator Janet Ngallo

	COMPLAINT CONTROL NUMBER: 08-AS-20260129110454
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FACILITY NAME: CLOISTERS OF THE VALLEY, LLC	FACILITY NUMBER: 374604267
ADMINISTRATOR: DISHA FRANCES-HALL	FACILITY TYPE: 740
ADDRESS: 4171 CAMINO DEL RIO SOUTH	TELEPHONE: (619) 283-2226
CITY: SAN DIEGO	STATE: CA
CAPACITY: 70	ZIP CODE: 92108
	CENSUS: 63
	DATE: 02/04/2026
	UNANNOUNCED TIME BEGAN: 09:10 AM
MET WITH: Executive Director Tia Suuronen-Goodwin	TIME COMPLETED: 02:15 PM

ALLEGATION(S):

1	Staff did not provide a written incident report to resident's responsible person within seven days.
2	Staff did not dispense medications as prescribed.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Janet Ngallo conducted an unannounced visit to initiate a complaint
2	investigation and deliver findings regarding the above mentioned allegations. LPA identified themselves
3	and met with Executive Director Tia Suuronen-Goodwin to discuss the purpose of the visit and elements
4	of the complaint.
5	
6	On 01/29/2026, it was alleged that staff did not provide a written incident report to resident's responsible
7	person within seven days and that staff did not dispense medications as prescribed. The department's
8	investigation consisted of interviews and records review.
9	
10	(Cont. on LIC 9099-C)
11	
12	
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Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Lizzette Tellez

LICENSING EVALUATOR NAME: Janet Ngallo
LICENSING EVALUATOR SIGNATURE:

DATE: 02/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/04/2026

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-20260129110454

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: CLOISTERS OF THE VALLEY, LLC

FACILITY NUMBER: 374604267

VISIT DATE: 02/04/2026

NARRATIVE

1 (Cont. from LIC 9099)
2
3

4 Regarding the allegation that staff did not provide a written incident report to the resident's responsible
5 person within seven days, interviews with staff corroborated the allegation. By admission, staff reported
6 that they called Resident 1 (R1)'s responsible party the day R1's incident occurred on 01/10/2026,
7 however they had not sent a written report within seven days. Staff reported that R1's responsible party
8 requested the written incident report and received it on 01/29/2026.

9 Regarding the allegation that staff did not dispense medications as prescribed, interviews with staff
10 corroborated the allegation. Staff #2 (S2) reported that they attempted to administer an as-needed pain
11 medication in a method that was not consistent with the prescribed method, due to R1's condition. S2
12 stated that hospice staff came to the facility to demonstrate the correct administration technique for R1.
13

14 By admission, staff also reported that they administered a discontinued medication to R1 on 01/23/2026.
15 R1's Medication Administration Record revealed that the administered medication was placed on hold
16 on 01/23/2026. Records review of R1's discharge paperwork dated 01/22/2026, revealed a
17 discontinuation of three (3) medications, one of which was given to R1 on 01/23/2026.
18

19 Based on interviews and record review, the preponderance of evidence standard has been met,
20 therefore the above allegations are found to be substantiated. California code of Regulations, Title 22,
21 Division 6 & Chapter 8 is being cited on the attached LIC 9099D. An exit interview was conducted and a
22 copy of this report along with Licensee Rights (LIC 9058 03/22) were provided to Resident Service
23 Director Marquette Corbett, whose signature below confirms receipt of these rights.
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SUPERVISORS NAME: Lizzette Tellez

LICENSING EVALUATOR NAME: Janet Ngallo

LICENSING EVALUATOR SIGNATURE:

DATE: 02/04/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/04/2026

LIC9099 (FAS) - (06/04)

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Control Number 08-AS-20260129110454

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SAN DIEGO, CA 92108

COMPLAINT INVESTIGATION REPORT (Cont)

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 02/05/2026 Section Cited CCR 87211(a)(1)(D)	1 (a) (1) A written report shall be 2 submitted to the licensing 3 agency..within seven days of the 4 occurrence..(D) Any incident which 5 threatens the welfare, safety or health.. 6 any resident 7 This requirement was not met, as evidenced by:	1 The Licensee will conduct in-service 2 reporting requirements training with 3 management staff and provide a sign-in 4 sheet with signatures and training topic 5 clearly noted to LPA via email by 6 02/05/2026 7
	8 Based on records review and 9 interviews, licensee did not follow the 10 facility Reporting requirements for 1 out 11 of 63 residents. This posed a potential 12 health and personal rights risks to 13 persons in care. 14	
Type B 02/04/2026 Section Cited CCR 87465(c)(2)	1 (c)(2) If the..licensee shall be permitted 2 to assist the resident with self- 3 administration..requirements are met: 4 (2)Once ordered.. medication is given 5 according to.. directions. 6 This requirement was not met, as 7 evidenced by:	1 The licensee provided a sign in sheet 2 dated 01/29/2026 and 02/02/2026 with 3 staff signatures for in-service training 4 for hospice services and medication 5 administration protocols. Therefore, the 6 POC will be cleared today, 02/04/2026. 7
	8 Based on interviews the licensee did 9 not administer R1 with PRN medication 10 as prescribed which posed a potential 11 Safety risk to persons in care. 12 13 14	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISORS NAME: Lizzette Tellez
LICENSING EVALUATOR NAME: Janet Ngallo
LICENSING EVALUATOR SIGNATURE: _____
DATE: 02/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 02/04/2026