

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604274

Report Date: 12/30/2025

Date Signed: 12/30/2025 10:59:10 AM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/06/2024** and conducted by Evaluator Antonine Richard

	COMPLAINT CONTROL NUMBER: 18-AS-20240606082459
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FACILITY NAME: VISTA DEL LAGO MEMORY CARE	FACILITY NUMBER: 374604274
ADMINISTRATOR: MARIE HILL	FACILITY TYPE: 740
ADDRESS: 1817 AVENIDA DEL DIABLO	TELEPHONE: (760) 741-2888
CITY: ESCONDIDO	ZIP CODE: 92029
CAPACITY: 96	DATE: 12/30/2025
MET WITH: MARIE HILL	UNANNOUNCED TIME BEGAN: 09:47 AM
	TIME COMPLETED: 11:00 AM

ALLEGATION(S):

1	Staff did not seek timely medical treatment for resident.
2	Staff do not intervene when a resident assaults another resident.
3	Due to lack of supervision, resident had multiple falls.
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INVESTIGATION FINDINGS:

1	On December 30, 2025, Licensing Program Analyst (LPA) Antonine Richard conducted a subsequent
2	complaint investigation and met with Loucinda Hickerson, Memory Care Director (MCD), and Executive
3	Director Marie Hill. The purpose of the visit was explained.
4	
5	The Investigation consisted of the following: On December 17, 2025, the LPA Richard requested and
6	received copies of the following: Staff Roster (dated 12/17/25), Resident Roster (dated 12/15/25), R1
7	Face Sheet, Admission Agreement (dated 03/13/24), Physician's Report (dated 3/13/24), Needs and
8	Services Plan (dated 3/26/24), R1's Medication Administration Record (MAR) (dated 05/21/24 to
9	05/31/24), Facility Notes (dated 03/05/24 to 06/03/24), Med Technician Training Certificate (dated
10	03/09/23). LPA Richard conducted interviews with the Executive Director (A1), Memory Care Director
11	(MDC), six residents (R2-R7), four staff members (S1-S4), and two Med Techs (MT1-MT2).
12	
13	Report Continue on LIC9099C

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Antonine Richard
LICENSING EVALUATOR NAME: Antonine Richard
LICENSING EVALUATOR SIGNATURE:

DATE: 12/30/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/30/2025

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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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27
RIVERSIDE, CA 92507

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: VISTA DEL LAGO MEMORY CARE

FACILITY NUMBER: 374604274

VISIT DATE: 12/30/2025

NARRATIVE

1 **Allegation #1: Staff did not seek medical treatment for the residents.**
2

3 The complaint alleged that staff contacted the responsible party after discovering residents in
4 the facility's hallway who were shaking, unable to walk, and disoriented, instead of calling
5 the Medical Emergency Service (MES). On December 17, 2025, LPA Richard interviewed
6 the Administrator (A1), who denied the allegations. A1 stated that the facility has strict
7 protocols in place. According to A1, there is no way the staff would fail to call EMS when
8 necessary, and they likely informed the responsible party (RP) about the residents' conditions.
9 Additionally, LPA Richard interviewed the Memory Care Director (MDC) on the same day,
10 who also denied the allegations. MDC affirmed that the facility is trained to call EMS in
11 urgent situations, followed by contacting the nurse.
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14
15 LPA Richard also interviewed four staff members, #1-4 (S1 to S4), all of whom denied the
16 allegations and emphasized that resident care and well-being are their main priorities. After
17 assessing the situation, the staff felt that resident R1 was stable and did not see the need to
18 call EMS. Later that day, LPA Richard interviewed six residents #2-7 (R2 to R7). Five of the
19 six residents denied the claim that the facility wouldn't call EMS when needed, noting that
20 the facility had called EMS for them on numerous occasions.
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23 Report Continued on LIC9099C
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SUPERVISORS NAME: Antonine Richard
LICENSING EVALUATOR NAME: Antonine Richard
LICENSING EVALUATOR SIGNATURE:

DATE: 12/30/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/30/2025

LIC9099 (FAS) - (06/04)

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Control Number 18-AS-20240606082459

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-

COMPLAINT INVESTIGATION REPORT (Cont)

27 RIVERSIDE, CA 92507

FACILITY NAME: VISTA DEL LAGO MEMORY CARE

FACILITY NUMBER: 374604274

VISIT DATE: 12/30/2025

NARRATIVE

1 LPA Records reviewed the facility notes dated June 3, 2024, which indicated that
 2 the Responsible Party (RP) visited R1 while R1 was eating. During the visit, the
 3 RP observed that R1 was alert and oriented but could not answer questions about
 4 R1's feelings. The RP decided it was best to take R1 to the emergency room for
 5 further evaluation, leading to R1's hospitalization that day.
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 9 At the same time, LPA reviewed R1's Physician List of Medications. R1 was
 10 prescribed Levothyroxine (Aricept) 10 MG Tablet; the side effects of this
 11 medication include dizziness and disorientation. On June 5, 2024, the facility
 12 called the RP, who indicated that R1 might be discharged that day. However, the
 13 Executive Director mentioned that R1 never returned to the facility after the
 14 hospitalization. The LPA was unable to interview R1, as R1 no longer resides at
 15 the facility. LPA Richard was unable to interview R1 because R1 moved out of the
 16 facility on 6/01/2024.
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 21 Although the allegation may have happened or is valid, there is not a
 22 preponderance of evidence to prove the alleged violation (S) did or did not occur;
 23 therefore, the allegation is **Unsubstantiated**.
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 27 **Report Continued on LIC9099C**
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SUPERVISORS NAME: Antonine Richard
LICENSING EVALUATOR NAME: Antonine Richard
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 12/30/2025

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FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 12/30/2025

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Control Number 18-AS-20240606082459

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
 COMMUNITY CARE LICENSING DIVISION
 RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27
 RIVERSIDE, CA 92507

FACILITY NAME: VISTA DEL LAGO MEMORY CARE

FACILITY NUMBER: 374604274

VISIT DATE: 12/30/2025

NARRATIVE

1 **Allegation #2: Staff do not intervene when a resident assaults another resident.**
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 3 The complaint alleged that some residents had confronted others, and the staff failed to
 4 intervene. On December 17, 2025, LPA Richard interviewed the Administrator (A1), who
 5 denied these allegations. A1 stated that the facility staff would intervene and redirect the
 6 residents as needed. According to A1, this is a memory care facility. Additionally, LPA
 7 Richard interviewed the Memory Care Director (MDC) on the same day, who also denied the
 8 allegations and affirmed that staff were trained to help redirect residents.
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11 LPA Richard conducted interviews with four staff members (S1-S4), all of whom denied the
12 allegations. They emphasized that the facility's main priorities are resident care and well-
13 being. The facility employs many staff members who are present on the floor with the
14 residents. In the event of any altercation, these staff members are readily available to
15 intervene, although such incidents are rare.
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18 Later that day, LPA Richard interviewed six residents (R2-R7). Five of the six residents
19 denied the allegations and stated that the staff are always present to help redirect or assist the
20 residents. During the visit, LPA Richard observed a significant number of staff on the floor
21 engaging with the residents, participating in activities, watching TV, and conversing with one
22 another. The LPA was unable to interview R1 because R1 moved out of the facility on
23 06/01/2024.
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26 Although the allegation may have happened or is valid, there is not a preponderance of
27 evidence to prove the alleged violation (S) did or did not occur; therefore, the allegation is
28 **Unsubstantiated.**
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SUPERVISORS NAME: Antonine Richard
LICENSING EVALUATOR NAME: Antonine Richard
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 12/30/2025

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FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 12/30/2025

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMPLAINT INVESTIGATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27
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FACILITY NAME: VISTA DEL LAGO MEMORY CARE **FACILITY NUMBER:** 374604274
VISIT DATE: 12/30/2025

NARRATIVE

1 **The allegation #3: Due to a lack of supervision, the residents had multiple**
2 **falls.**
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4 The complaint alleged that the residents had numerous falls due to the facility
5 leaving the residents unsupervised. On December 17, 2025, LPA Richard
6 interviewed the Administrator (A1), who denied these allegations. A1 stated that the
7 facility staff had never reported that R1 had falls. The facility had a protocol for
8 unwitnessed and witnessed falls. According to A1, the staff will call the Nurse, not
9 move the resident, and make sure the resident is not in pain. Additionally, LPA
10 Richard interviewed the Memory Care Director (MDC) on the same day, who also
11 denied the allegations and affirmed that staff were trained on how to approach
12 witness and unwitnessed falls.
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14 LPA Richard interviewed four staff members (S1-S4), all of whom denied the
15 allegations. They emphasized that the facility's main priorities are resident care and
16 well-being. They also stated they will call the nurse, ensure the resident is not in
17 pain, and, if necessary, call EMS. Additionally, they mentioned that they checked
18 residents' rooms every hour, with some being checked every half hour. Later that
19 day, LPA Richard interviewed six residents (R2-R7). Five of these six residents
20 denied the allegations and also stated that the facility checked their rooms every
21 hour.
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28 On December 17, 2025, LPA Richard reviewed the facility notes dated April 17 and
29 May 8, 2024, showed that during a room check, the staff member found R1 sitting on
30 the floor of the R1 bedroom. The staff asked if R1 was in pain and said they would
31 call 911, but R1 refused and wanted to go to Urgent Care. The facility then called
32 RP, who stated that RP would come and take R1 to urgent care.

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FACILITY NAME: VISTA DEL LAGO MEMORY CARE **FACILITY NUMBER:** 374604274
VISIT DATE: 12/30/2025

NARRATIVE

1 During the visit, LPA Richard observed many staff members on the floor engaging
2 with residents, participating in activities, watching TV, and talking with one another.
3 The LPA was unable to interview R1 because R1 moved out of the facility on
4 06/01/2024.
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6
7 Although the allegation may have happened or is valid, there is not a preponderance
8 of evidence to prove the alleged violation (S) did or did not occur; therefore, the
9 allegation is **Unsubstantiated**.
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11 No deficiencies were cited.
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14 An exit interview was conducted, and a copy of the report was given to the Executive
15 Director, Marie Hill.
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SUPERVISORS NAME: Antonine Richard
LICENSING EVALUATOR NAME: Antonine Richard
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 12/30/2025

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