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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604294
Report Date: 07/14/2026
Date Signed: 07/14/2026 05:02:00 PM

Unfounded

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/12/2025** and conducted by Evaluator Janette Romero

PUBLIC	COMPLAINT CONTROL NUMBER: 18-AS-20250812142134

FACILITY NAME:	LAS VILLAS DEL NORTE			**FACILITY NUMBER:**	374604294
ADMINISTRATOR:	FARISH, JOLENE			**FACILITY TYPE:**	740
ADDRESS:	1325 LAS VILLAS WAY			**TELEPHONE:**	(760) 741-1047
CITY:	ESCONDIDO	**STATE:** CA		**ZIP CODE:**	92026
CAPACITY:	198	**CENSUS:** 179		**DATE:**	07/14/2026
		UNANNOUNCED		**TIME BEGAN:**	04:30 PM
MET WITH:	Assistant Executive Director, Reu Baggao			**TIME COMPLETED:**	05:05 PM

ALLEGATION(S):

1	Staff are not meeting resident's dietary needs
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INVESTIGATION FINDINGS:

1	On 07/14/2026, Licensing Program Analyst (LPA) Janette Romero made an unannounced visit to the
2	facility to deliver findings for the allegation listed above. LPA met with Administrator Jolene Farish and
3	Assistant Executive Director (AED) Reu Baggao who were informed of the purpose of the visit.
4	It was alleged that facility staff are not meeting the dietary needs of Resident 1 (R1). A review of a
5	resident roster dated 08/21/2025 and residency agreement documented that R1 resides in the
6	independent living unit located on the facility premises. LPA toured the independent living unit to conduct
7	an interview with R1. During the interview, R1 reported that they are independent and have never resided
8	in the facility's assisted living or memory care unit. The independent living unit located on the facility
9	property is not licensed with Community Care Licensing. Therefore, it is not within this department's
10	jurisdiction. As result, this complaint is unfounded, meaning that the allegation was false, could not have
11	happened and/or is without a reasonable basis. Administrator Farish reported having to step away from
12	the facility and directed LPA to conduct the exit interview with AED Baggao. An exit interview was
13	conducted with AED Baggao and a copy of this report and Confidential Names list (LIC 811) were
	reviewed and provided to her.

Unfounded	Estimated Days of Completion:

SUPERVISORS NAME: Carolyn Tuba
LICENSING EVALUATOR NAME: Janette Romero
LICENSING EVALUATOR SIGNATURE:
DATE: 07/14/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/14/2026

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