

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604300

Report Date: 02/22/2026

Date Signed: 02/24/2026 05:32:41 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 **05/19/2025** and conducted by Evaluator Sarah Hurt

PUBLIC	COMPLAINT CONTROL NUMBER: 08-AS-20250519111234
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FACILITY NAME: OCEANSIDE SENIOR LIVING	FACILITY NUMBER: 374604300
ADMINISTRATOR: JOHNSON, KRISTELANGELICA	FACILITY TYPE: 740
ADDRESS: 5508 AVENIDA PACIFICA WAY	TELEPHONE: (760) 978-6602
CITY: OCEANSIDE	STATE: CA
CAPACITY: 165	ZIP CODE: 92057
	CENSUS: 92
	DATE: 02/22/2026
	UNANNOUNCED TIME BEGAN: 09:30 AM
MET WITH: Facility Business Office Manager, Virginia Rodriguez	TIME COMPLETED: 11:15 AM

ALLEGATION(S):

1	Lack of supervision resulting in elopement and injury
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Sarah Hurt conducted an unannounced facility visit to deliver findings
2	on a complaint investigation. LPA Hurt met with Facility Business Office Manager, Virginia Rodriguez, and
3	explained the purpose of today's visit.
4	
5	Regarding the allegation of lack of supervision resulting in elopement and injury, the investigation
6	determined that on 05/17/2025 at approximately 12:00 AM, resident 1 eloped from the facility and was
7	found outside with injuries including a hematoma and a laceration. Facility staff intervened, and Resident
8	1 was transported to Tri-City Hospital for evaluation and treatment. Staff and administrative interviews
9	confirmed that Resident 1 had wandered on multiple prior occasions (including an incident on
10	04/04/2025), and facility records show a care plan meeting was held on 05/14/2025 to discuss moving
11	her to the Memory Care unit due to her exit-seeking behavior. Despite the identified need for a higher
12	level of care, the resident was not relocated immediately, reportedly due to hesitation from her family.
13	Investigators concluded that the resident clearly required more supervision than was being provided in
	Assisted Living and should have been moved to a secured Memory Care environment sooner to ensure
	her safety. Based on interviews conducted, and records reviewed the preponderance of evidence
	standard has been met. Therefore, the above allegation is found to be SUBSTANTIATED.

The following deficiencies are being cited (see LIC 9099D) from the California Code of Regulations, Title 22, and the California Health and Safety Code. This incident is currently under review and a future civil penalty may apply based on H&S Code section 1569.49(f). Failure to correct the deficiencies may result in additional civil penalties. Exit interview conducted with Facility Business Office Manager, Virginia Rodriguez, and appeal rights provided.

Substantiated

Estimated Days of Completion:

SUPERVISORS NAME: See Moua

LICENSING EVALUATOR NAME: Sarah Hurt

LICENSING EVALUATOR SIGNATURE:

DATE: 02/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/21/2026

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

LIC9099 (FAS) - (06/04)

Page: 1 of 3

Control Number 08-AS-20250519111234

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: OCEANSIDE SENIOR LIVING

FACILITY NUMBER: 374604300

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/22/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 02/23/2026 Section Cited CCR 87464(f)(1)	1 87464 Basic Services (a) The services 2 provided by the facility shall be 3 conducted so as to continue and 4 promote, to the extent possible, 5 independence and self-direction for all 6 persons accepted for care. Such 7 persons shall be encouraged to participate as fully as their conditions permit in daily living activities both in the facility and in the community.(f) Basic services shall at a minimum include:(1) Care and supervision as defined in Section 87101(c)(3) and Health and Safety Code section 1569.2(c). The following requirement has not been met as evidenced by:	1 Administrator will provide training to all 2 staff on elopement prevention, including 3 identifying residents at risk of 4 elopement, supervision expectations, 5 monitoring of exits, and appropriate 6 response when a resident attempts to 7 leave the facility unsupervised. Training will also include reporting and documentation process, and submit to LPA by POC date of 02/23/2026.
	8 Based on interviews conducted 9 Resident1 eloped from the facility 10 resulting in injury, which poses an 11 immediate health, safety, or personal 12 rights risk to residents in care. 13 14	8 9 10 11 12 13 14
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	1 2 3 4	1 2 3 4

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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: See Moua
LICENSING EVALUATOR NAME: Sarah Hurt
LICENSING EVALUATOR SIGNATURE: _____
DATE: 02/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 02/21/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 3

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COMPLAINT INVESTIGATION REPORT

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COMMUNITY CARE LICENSING DIVISION
SAN DIEGO RO, 7575 METROPOLITAN DR. #109
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CITY: OCEANSIDE
STATE: CA
ZIP CODE: 92057
CAPACITY: 165
CENSUS: 92
DATE: 02/22/2026
MET WITH: Facility Business Office Manager, Virginia Rodriguez
UNANNOUNCED TIME BEGAN: 09:30 AM
COMPLETED: 11:15 AM

ALLEGATION(S):

1 Dining dishware was not maintained in good repair
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INVESTIGATION FINDINGS:

1 Licensing Program Analyst (LPA) Sarah Hurt conducted an unannounced facility visit to deliver findings
2 on a complaint investigation. LPA Hurt met with Facility Business Office Manager, Virginia Rodriguez, and
3 explained the purpose of today's visit.
4
5
6 Regarding the allegation that dining dishware was not maintained in good repair, this issue was noted in
7 the initial complaint but was not addressed in the facility's investigative report or documentation. There
8 was no evidence or witness testimony to indicate that any dishware was in disrepair or that it presented a
9 health or safety risk to residents. Although the allegation may have occurred or is valid, there is not a
10 preponderance of evidence to prove the alleged violation did or did not occur. Therefore, the allegation is
11 UNSUBSTANTIATED.
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13 Exit interview conducted with Facility Business Office Manager, Virginia Rodriguez, and copy of report provided.

Unsubstantiated Estimated Days of Completion:

SUPERVISORS NAME: See Moua
LICENSING EVALUATOR NAME: Sarah Hurt

LICENSING EVALUATOR SIGNATURE:

DATE: 02/22/2026

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FACILITY REPRESENTATIVE SIGNATURE:

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