

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604323
Report Date: 07/09/2025
Date Signed: 07/09/2025 05:01:12 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRALIZED APP UNIT, 744 P STREET, MS 9-14-8201 SACRAMENTO, CA 95814
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/16/2021** and conducted by Evaluator Donna Teutschel

PUBLIC	COMPLAINT CONTROL NUMBER: 08-AS-20210216103426
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FACILITY NAME: SILVERGATE RANCHO BERNARDO	FACILITY NUMBER: 374604323
ADMINISTRATOR: BRAKEVILLE, SONDRA	FACILITY TYPE: 740
ADDRESS: 16061 AVENIDA VENUSTO	TELEPHONE: (858) 451-1100
CITY: SAN DIEGO	STATE: CA
CAPACITY: 285	ZIP CODE: 92128
MET WITH: Sondra Brakeville	CENSUS: UNANNOUNCED
	DATE: 07/09/2025
	TIME BEGAN: 03:18 PM
	TIME COMPLETED: 04:00 PM

ALLEGATION(S):

1	Facility does not provide a safe environment for residents.
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INVESTIGATION FINDINGS:

1	LPM II, RA, Donna Teutschel conducted a telephone interview with facility Administrator, Sondra
2	Brakeville.
3	The allegation refers to an issue that the facility main front door is locked at night and that residents are
4	unable to exit at night through the facility main front door and facility night security staff are not always
5	available at the front desk to assist.
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7	Based upon interviews obtained, the facility has two side exit doors which are always unlocked. The
8	facility front door is locked from the outside but not the inside which means any resident is able to exit at
9	night. Each resident is issued a key fob should they be out for the evening and return to re-enter the
10	facility which unlocks the front door and also have the ability to access or leave through the facility side
11	doors. With respect to security staff, there are reasons from time to time they will step away from the
12	front desk for various reasons. Based upon this information, the allegation is deemed Unsubstantiated.
13	Administrator will be emailed licensing report: SBRAKEVILLE@AMERICAREHR.COM

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Stacy Barlow

NAME OF LICENSING PROGRAM ANALYST: Donna Teutschel

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/09/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/09/2025

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