

# Department of SOCIAL SERVICES

*Community Care Licensing*

## COMPLAINT INVESTIGATION REPORT

Facility Number: 374604405

Report Date: 02/05/2026

Date Signed: 02/05/2026 03:29:26 PM

### Unsubstantiated

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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/22/2025** and conducted by Evaluator Amy Rodgers

	<b>COMPLAINT CONTROL NUMBER: 08-AS-20250122094452</b>
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<b>FACILITY NAME:</b> MERRILL GARDENS AT BANKERS HILL	<b>FACILITY NUMBER:</b> 374604405
<b>ADMINISTRATOR:</b> HANSEN, LORI	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 2567 2ND AVENUE	<b>TELEPHONE:</b> (619) 209-5216
<b>CITY:</b> SAN DIEGO	<b>STATE:</b> CA <b>ZIP CODE:</b> 92103
<b>CAPACITY:</b> 100	<b>CENSUS:</b> 83 <b>DATE:</b> 02/05/2026
<b>MET WITH:</b> General Manager Jill Johnson	<b>UNANNOUNCED TIME BEGAN:</b> 10:30 AM
	<b>TIME COMPLETED:</b> 03:30 PM

#### ALLEGATION(S):

1	Staff did not address resident's change in condition
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#### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Amy Rodgers conducted an unannounced complaint visit to deliver
2	findings regarding the above-mentioned allegation. LPA identified herself, was greeted by facility staff,
3	and explained the purpose of the visit to General Manager Jill Johnson
4	
5	During today's visit, LPA observed residents in care and obtained copies of facility records and
6	interviewed staff..The Department's investigation consisted of interviews with staff and outside sources,
7	records review, and observations.
8	
9	On January 22, 2025, the Department received a complaint alleging that staff did not address a
10	resident's change in condition. More specifically, it was alleged that Executive Director (ED) Lori Hansen
11	interfered with staff documentation related to Resident #1(R1) change of condition. It was reported that
12	the R1dementia is progressing and requires a higher level of care. (Continued on LIC9099-C).
13	

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Simon Jacob

LICENSING EVALUATOR NAME: Amy Rodgers  
LICENSING EVALUATOR SIGNATURE:

DATE: 02/05/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/05/2026

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-20250122094452

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: MERRILL GARDENS AT BANKERS HILL

FACILITY NUMBER: 374604405

VISIT DATE: 02/05/2026

## NARRATIVE

1 (continued from LIC 9099)

2

3 Review R1's Physician's Report dated November 11, 2024, revealed diagnoses of Mild Cognitive  
4 Impairment (MCI) and Major Depressive Disorder (MDD), along with a history of traumatic subdural  
5 hemorrhage. The Physician's Report does not include a dementia diagnosis.

6

7 Review of R1's Care Service Plan assessed on June 1, 2025, and effective June 22, 2025, revealed the  
8 resident is non-ambulatory, requiring two-person assist for transfers, frequent hands-on assistance with  
9 toileting and dressing, total assistance with showers, drainage bag management four times daily, and  
10 medication management. The plan also notes high fall risk and behavioral refusals of care.

11

12 Interviews with staff revealed they did not confirm being instructed by S1 to omit or delay documentation  
13 related to changes of condition. However, an interview with an outside source revealed S1 accompanied  
14 R1 and two outside sources to R1's physician appointment. The outside source reported that during this  
15 visit, S1 had a private discussion with the attending physician outside the room. The outside source  
16 could not confirm the content of that discussion.

17

18 The Department has investigated the above-mentioned allegation and based on interviews and records  
19 review, a preponderance of evidence does not exist to prove that the alleged violation occurred;  
20 therefore, this allegation is deemed UNSUBSTANTIATED.

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22 An exit interview was conducted with General Manager Jill Johnson, whose signature below confirms  
23 receipt of a copy of this report, LIC811 Confidential Names list, and the Licensee Appeal Rights  
24 (LIC9058 03/22).

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SUPERVISORS NAME: Simon Jacob

LICENSING EVALUATOR NAME: Amy Rodgers

LICENSING EVALUATOR SIGNATURE:

DATE: 02/05/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/05/2026

LIC9099 (FAS) - (06/04)

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