

# Department of SOCIAL SERVICES

## Community Care Licensing

# COMPLAINT INVESTIGATION REPORT

Facility Number: 374604407  
Report Date: 09/19/2025  
Date Signed: 09/19/2025 12:52:50 PM

## Unfounded

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 **09/17/2025** and conducted by Evaluator Rebecca A Borunda

	<b>COMPLAINT CONTROL NUMBER: 08-AS-20250917162632</b>
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<b>FACILITY NAME:</b> BAYSHIRE CARLSBAD	<b>FACILITY NUMBER:</b> 374604407
<b>ADMINISTRATOR:</b> DAYNES, THOMAS	<b>FACILITY TYPE:</b> 741
<b>ADDRESS:</b> 3140 EL CAMINO REAL	<b>TELEPHONE:</b> (760) 720-9898
<b>CITY:</b> CARLSBAD	<b>STATE:</b> CA <b>ZIP CODE:</b> 92008
<b>CAPACITY:</b> 125	<b>CENSUS:</b> 115 <b>DATE:</b> 09/19/2025
<b>MET WITH:</b> Executive Director Thomas "Ozzy" Daynes	<b>UNANNOUNCED TIME BEGAN:</b> 11:45 AM
	<b>TIME COMPLETED:</b> 01:00 PM

### ALLEGATION(S):

1	Licensee did not ensure resident received timely medical care
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### INVESTIGATION FINDINGS:

1	Licensing Program Analysts (LPAs) Rebecca Borunda and Janet Ngallo conducted an unannounced
2	complaint visit to open an investigation and deliver findings regarding the above mentioned allegation.
3	LPAs were greeted by, identified themselves to, and explained the purpose of the visit and the basic
4	elements of the complaint with Executive Director Thomas "Ozzy" Daynes.
5	
6	During today's visit, LPAs reviewed and obtained copies of facility records and interviewed staff. Review
7	of facility rosters and an interview with the Resident Services Director revealed that Resident 1 (R1) was
8	not a resident of the facility. Due to evidence showing that R1 was not a resident of the facility, this
9	allegation is deemed unfounded, meaning that the allegation is false, could not have happened and/or is
10	without a reasonable basis.
11	
12	An exit interview was conducted with Resident Services Director Pamela Talamantes, whose signature
13	below confirms receipt of a copy of this report and the Licensee Appeal Rights (LIC9058 3/22).

<b>Unfounded</b>	<b>Estimated Days of Completion: 0</b>
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**NAME OF LICENSING PROGRAM MANAGER:** Sabel Martinez  
**NAME OF LICENSING PROGRAM ANALYST:** Rebecca A Borunda  
**LICENSING PROGRAM ANALYST SIGNATURE:** \_\_\_\_\_ **DATE:** 09/19/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_ **DATE:** 09/19/2025

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