

Department of

# SOCIAL SERVICES

## Community Care Licensing

# COMPLAINT INVESTIGATION REPORT

Facility Number: 374604407

Report Date: 02/21/2026

Date Signed: 02/21/2026 03:53:09 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 **03/15/2022** and conducted by Evaluator Amy Rodgers

	<b>COMPLAINT CONTROL NUMBER: 08-AS-20220315094851</b>
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<b>FACILITY NAME:</b> BAYSHIRE CARLSBAD	<b>FACILITY NUMBER:</b> 374604407
<b>ADMINISTRATOR:</b> HIGHTOWER, SASHA	<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>CAPACITY:</b> 125	<b>ZIP CODE:</b> 92008
<b>MET WITH:</b> mailed via USPS certified Mail	<b>CENSUS:</b> 02/21/2026
	<b>UNANNOUNCED TIME BEGAN:</b> 03:45 PM
	<b>TIME COMPLETED:</b> 03:46 PM

### ALLEGATION(S):

1	Resident was touched inappropriately by an outside agency staff member
2	Outside agency staff member took money from resident
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### INVESTIGATION FINDINGS:

1	Licensing Program Analyst Amy Rodgers sent this report to the licensee at their known mailing address
2	via USPS certified mail and via email to deliver the investigation findings for the above allegation.
3	
4	The Department's investigation included review of records, interviews with staff, residents, and outside
5	sources. It was alleged that Resident #1 (R1) was inappropriately touched by an outside agency staff
6	member who took money from R1, and that facility staff took money from R1. It was reported that R1
7	engaged in an inappropriate sexual interaction with an outside agency staff member and provided them
8	with money after the interaction. Interviews with staff and record review also revealed that the resident
9	had exhibited increasingly aggressive behaviors and was issued an eviction notice prior to the report of
10	the incident. Interviews with the outside agency revealed that there was no staff person with the alleged
11	abuser's name. R1 later recanted and revealed that they had been upset regarding the eviction.
12	
13	(continued on Llc9099)

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

LICENSING EVALUATOR NAME: Amy Rodgers  
LICENSING EVALUATOR SIGNATURE:

DATE: 02/21/2026

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)

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Control Number 08-AS-20220315094851

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: BAYSHIRE CARLSBAD

FACILITY NUMBER: 374604407

VISIT DATE: 02/21/2026

### NARRATIVE

1 (Continued From LIC9099)

2

3 Regarding the allegation that facility staff took money from R1. Interviews with staff and R1 revealed that  
4 R1 donated money to staff as a gift, and staff documented the cash gift as required.

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6 The Department has investigated the above-mentioned allegations and has found that the complaint  
7 was unfounded, meaning that the allegation is false, could not have happened, and/or is without a  
8 reasonable basis. We have therefore dismissed the complaint.

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SUPERVISORS NAME: Simon Jacob

LICENSING EVALUATOR NAME: Amy Rodgers

LICENSING EVALUATOR SIGNATURE:

DATE: 02/21/2026

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DATE: 02/21/2026