

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604407
Report Date: 07/23/2026
Date Signed: 07/23/2026 02:33:52 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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 07/07/2026 and conducted by Evaluator Ramin Hashemi

	COMPLAINT CONTROL NUMBER: 08-AS-20260707152857
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FACILITY NAME:	BAYSHIRE CARLSBAD	FACILITY NUMBER:	374604407
ADMINISTRATOR:	DAYNES, THOMAS	FACILITY TYPE:	741
ADDRESS:	3140 EL CAMINO REAL	TELEPHONE:	(760) 720-9898
CITY:	CARLSBAD	STATE:	CA
CAPACITY:	125	ZIP CODE:	92008
		CENSUS:	115
		DATE:	07/23/2026
		UNANNOUNCED TIME BEGAN:	08:45 AM
MET WITH:	Resident Services Director Pam Talamantes	TIME COMPLETED:	03:15 PM

ALLEGATION(S):

1	Staff did not allow resident to return to the facility
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Ramin Hashemi conducted an unannounced visit to deliver findings for
2	the complaint investigation regarding the above-mentioned allegation. LPA identified themselves and met
3	with Resident Services Director Pam Talamantes to discuss the purpose of the visit and elements of the
4	complaint.
5	
6	It was alleged on 07/07/26, "Staff did not allow resident to return to the facility" meaning that staff did not
7	allow Resident 1 (R1) to return to the facility following discharge from the skilled nursing facility (SNF).
8	The Department's investigation consisted of unannounced facility visits, interviews with facility staff,
9	outside sources, and records review.
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11	(Continued on LIC9099C, Page 2)
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Lizzette Tellez

LICENSING EVALUATOR NAME: Ramin Hashemi	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/23/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/23/2026

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 2
Control Number 08-AS-20260707152857

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: 07/23/2026

NARRATIVE	
1	(Continued from LIC9099, Page 1)
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3	Interviews with staff revealed that staff unanimously stated they did not issue an eviction notice to R1.
4	Staff 1 (S1) and Staff 2 (S2) stated that the facility had not refused R1's return and stated that R1 could
5	not initially return due to the SNF orders indicating daily wound care requirements; exceeding the
6	facility's licensed scope of care. Staff documented reassessments of R1 to find reasonable
7	accommodations for the resident to return to the facility with the help of outside agencies in order to
8	remain in compliance.
9	
10	Interviews with Outside Sources revealed that Outside Source 1 (OS1) believed facility staff were
11	delaying R1's return and questioned whether concerns about past refusals of care influenced the
12	facility's decision-making. OS1 stated that they did not think the wound care orders were a requirement
13	for R1 to return. The LPA asked OS1 if R1 was currently receiving wound care to which they confirmed
14	that R1 was receiving those services at the SNF.
15	
16	Records review revealed that R1 required a higher level of daily wound care than the facility could
17	provide per the SNF physician's orders. Review of email correspondences between the facility and R1's
18	family demonstrated clear communication of the circumstances in which R1 would/would not be able to
19	return to the facility. This corroborates staff interviews stating they did not refuse the return of R1 outside
20	the scope of their responsibilities.
21	
22	Based on interviews and records review, a preponderance of evidence does not exist to prove that the
23	alleged violation occurred, therefore the allegation is UNSUBSTANTIATED. An exit interview was
24	conducted with Resident Services Director Pam Talamantes, to whom a copy of this report and the
25	Licensee/Appeal Rights (LIC9058 03/22) were provided.
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SUPERVISORS NAME: Lizzette Tellez	
LICENSING EVALUATOR NAME: Ramin Hashemi	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/23/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/23/2026