

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604411
Report Date: 09/29/2025
Date Signed: 09/29/2025 02:33:57 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 **02/20/2024** and conducted by Evaluator Grace Donato

	COMPLAINT CONTROL NUMBER: 08-AS-20240220115737
--	---

FACILITY NAME: LA MAREA SENIOR LIVING	FACILITY NUMBER: 374604411
ADMINISTRATOR: DARYL ANN C ROBINSON	FACILITY TYPE: 740
ADDRESS: 5592 EL CAMINO REAL	TELEPHONE: (442) 325-3510
CITY: CARLSBAD	STATE: CA
CAPACITY: 125	ZIP CODE: 92008
MET WITH: Johnathan Thomas	CENSUS: UNANNOUNCED
	DATE: 09/29/2025
	TIME BEGAN: 01:24 PM
	TIME COMPLETED: 01:25 PM

ALLEGATION(S):

1	Facility staff failed to keep resident hydrated resulting in acute kidney injury.
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On 9/29/2025, LPA Grace Donato conducted a telephone interview with the facility to deliver findings.
2	LPA spoke with Executive Director Johnathan Thomas and explained the purpose of the call.
3	
4	Regarding the allegation Facility staff failed to keep resident hydrated resulting in acute kidney injury,
5	Reporting party (RP) stated that RP was concerned because resident (R1) was severely dehydrated.
6	
7	During the investigation, staff members were interviewed, and records were reviewed.
8	
9	According to staff interviews, all mentioned that R1 liked to drink coffee and water and R1 would often
10	ask staff for water throughout the day. R1 had a personal water glass that is kept beside R1s bed and
11	staff would fill it whenever it got low. S1 mentioned that when R1 would wake, R1 always asked for coffee
12	and water.
13	page 1 of 2

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Brenda Chan
NAME OF LICENSING PROGRAM ANALYST: Grace Donato
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/29/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/29/2025

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-20240220115737

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: LA MAREA SENIOR LIVING

FACILITY NUMBER: 374604411

VISIT DATE: 09/29/2025

NARRATIVE

- 1 S2 added that staff would periodically refill the glass (that was kept beside the bed) throughout the day
- 2 and encourage R1 to drink water. S3 shared that staff would sit with R1 during meals to assist R1 to eat
- 3 and drink. S4 added that when S4 worked the night shift, S4 would always see R1 in the dining room for
- 4 dinner. R1 would eat the majority of the food and R1 would drink coffee and water with R1s meal. S4
- 5 said R1 would ask for a snack and staff would give R1 half of a sandwich or something else R1 would
- 6 request. R1 often had a snack with a glass of water during the evening before staff brought R1 back to
- 7 the room for bed.
- 8
- 9 The nurse practitioner (N1) of R1 was also interviewed and it was shared that staff would encourage R1
- 10 to eat and drink fluids and assist R1 when needed. N1 said R1 was having difficulty feeding
- 11 himself/herself and drinking due to R1s weakening condition. Staff would sit with R1 during meals to
- 12 assist R1 and ensure R1 ate and drank fluids. N1 said the last time N1 visited R1 before R1 went to the
- 13 hospital. Although R1 was sleepy and appeared weak, all R1s vital signs were normal, and did not see
- 14 any signs of dehydration.
- 15
- 16 Based on interviews, observations and records review, the department has determined that although the
- 17 allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged
- 18 violations did or did not occur, therefore the allegation is UNSUBSTANTIATED.
- 19
- 20 Report is reviewed and copy is provided.
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32

NAME OF LICENSING PROGRAM MANAGER: Brenda Chan
NAME OF LICENSING PROGRAM ANALYST: Grace Donato
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/29/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/29/2025