

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 374604454

Report Date: 11/07/2025

Date Signed: 11/07/2025 02:13:19 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 **08/04/2023** and conducted by Evaluator Grace Donato

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 08-AS-20230804114458</b>
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<b>FACILITY NAME:</b> HUNTINGTON MANOR	<b>FACILITY NUMBER:</b> 374604454
<b>ADMINISTRATOR:</b> DERAFERA, TESS	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 14755 BUDWIN LN	<b>TELEPHONE:</b> (619) 625-6886
<b>CITY:</b> POWAY	<b>STATE:</b> CA
<b>CAPACITY:</b> 21	<b>ZIP CODE:</b> 92064
<b>MET WITH:</b> Zayden Chen	<b>DATE:</b> 11/07/2025
	<b>UNANNOUNCED TIME BEGAN:</b> 01:25 PM
	<b>TIME COMPLETED:</b> 01:26 PM

### ALLEGATION(S):

1	Neglect resulted in serious injury
2	Facility was not sanitary.
3	Staff did not centrally store medication.
4	Facility did not maintain a comfortable temperature for residents.
5	Facility was in disrepair.
6	Staff did not accord dignity to resident.
7	Staff were not able to communicate with residents.
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9	

### INVESTIGATION FINDINGS:

1	On 11/7/2025, LPA Grace Donato conducted a telephone interview with the facility to deliver findings.
2	LPA spoke with Administrator, Zayden Chen and explained the purpose of the call.
3	
4	Regarding the allegation of neglect which resulted in serious injury, Reporting Party (RP) stated that staff will handle the residents in a rough manner. RP states, it has been observed that staff S1 is rough with residents. S1 does not handle residents with care and will toss them around. RP states, R1 have sustained multiple unexplained injuries and fractures in care. Staff do not communicate. RP states, R1 was in pain and took R1 to hospital. The doctor informed that R1 has sustained fractures to the wrist.
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10	During the investigation, staff members were interviewed, and records were reviewed.
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12	R1 was seen on 08/24/2023 by R1s doctor (DR), after R1 was referred from occupational therapy due to finding R1s left hand swollen. DR stated R1 had discoloration on both hands, R1 was able to move each finger without limitation or pain and was able to shake the Doctor's hand without a problem and there was no decrease in the grip from R1s right hand.
13	

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Brenda Chan  
**LICENSING EVALUATOR NAME:** Grace Donato  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 11/07/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/07/2025

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-20230804114458

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:** HUNTINGTON MANOR

**FACILITY NUMBER:** 374604454

**VISIT DATE:** 11/07/2025

### NARRATIVE

1 DR provided a splint/brace and R1s family declined to have surgery. Staff stated they never  
2 saw R1 fall only one time R1 slid out of his wheelchair and at that time R1 had no injuries.  
3 Staff did report R1 showed aggression and sometimes would hit the walls with R1s fists, but  
4 R1 never complained of any pain. Staff stated they did not see any swelling of R1s left wrist.  
5 The time and the date of injury could not be conclusively established as staff denied R1 had  
6 any falls while at the facility only the one time of sliding out of R1s wheelchair with no  
7 injuries.  
8

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10 The cause of R1s fracture remains unknown and there is no evidence to prove the  
11 neglect/lack of care allegation.  
12

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14 For the allegations of Facility was not sanitary and was in disrepair, the department  
15 conducted a visit on 8/7/2023 and found no evidence of immediate health and safety risks.  
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17 Regarding the allegation of staff did not centrally store medication, all medications have  
18 proper logs for routine, PRN and controlled drugs. There were noted confirmations from med  
19 tech that the facility did receive medications for R1.  
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22 For the allegation of facility did not maintain a comfortable temperature for residents, facility  
23 had scheduled maintenance checkup for air condition on 7/5/2023. A technician came to fix  
24 the air conditioner and was running during that time. Technician also came back on  
25 7/19/2023 to fix another issue. Portable aircons were provided to residents' rooms during this  
26 time.  
27

28  
29 Regarding the allegation of Staff did not accord dignity to resident, staff members mentioned  
30 that they have not been rough with handling any resident nor have they seen other caregivers  
31 be rough with residents.  
32

Regarding the allegation of Staff were not able to communicate with residents, when the department conducted interviews to staff members, everyone was able to communicate and answer questions.

Based on interviews and records review, the department has determined that although the allegations may have happened or are valid, there is not a preponderance of evidence to prove the alleged violations did or did not occur, therefore the allegations are UNSUBSTANTIATED.

Report is reviewed and a copy is provided.

**SUPERVISORS NAME:** Brenda Chan  
**LICENSING EVALUATOR NAME:** Grace Donato

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 11/07/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/07/2025