<meta name="robots" content="noindex">

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604454
Report Date: 07/13/2026
Date Signed: 07/13/2026 11:57:37 AM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/08/2026** and conducted by Evaluator Angelica Boyles

	COMPLAINT CONTROL NUMBER: 08-AS-20260708151816

FACILITY NAME:	HUNTINGTON MANOR			**FACILITY NUMBER:**	374604454
ADMINISTRATOR:	ZAYDEN CHEN			**FACILITY TYPE:**	740
ADDRESS:	14755 BUDWIN LN			**TELEPHONE:**	(858) 748-3381
CITY:	POWAY	**STATE:** CA		**ZIP CODE:**	92064
CAPACITY:	21	**CENSUS:** 18		**DATE:**	07/13/2026
		UNANNOUNCED		**TIME BEGAN:**	10:31 AM
MET WITH:	Chief Operating Officer Lynn Drummond			**TIME COMPLETED:**	11:57 AM

ALLEGATION(S):

1	Facility fire alarm service was terminated
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Angelica Boyles conducted an unannounced visit to initiate a complaint
2	investigation regarding the above-mentioned allegation. LPA identified herself and met with staff Gerald
3	Madla. Chief Operating Officer Lynn Drummond later joined the visit and LPA discussed the purpose of
4	the visit and elements of the complaint.
5	
6	The Reporting Pary provided the Department with a letter from a fire alarm service company dated June
7	29, 2026 which stated that based upon failure to pay past due invoices the fire alarm monitoring and
8	testing services would be discontinued by July 30, 2026.
9	
10	(Continued on LIC 9099-C)
11	
12	
13	

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Simon Jacob

LICENSING EVALUATOR NAME: Angelica Boyles
LICENSING EVALUATOR SIGNATURE:
DATE: 07/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/13/2026

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

Control Number 08-AS-20260708151816

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: 07/13/2026

NARRATIVE

(Continued from LIC 9099)

Staff provided LPA with email records that revealed the Administrator followed up with the fire alarm service company to prevent the cancellation. A representative from the company confirmed via email to the Administrator that the facility account had been brought current and the cancellations have stopped. Further records confirmed the facility payment to the fire alarm service company was processed and approved on July 8, 2026.

The Department has investigated the above-mentioned allegation. Based upon the information obtained during this investigation, it is determined that the preponderance of evidence was not met to support or corroborate this allegation and therefore deemed unsubstantiated. An exit interview was conducted with Chief Operating Officer Lynn Drummond, to whom a copy of this report and the Licensee's Rights (LIC9058 01/16) were provided at the conclusion of the visit.

SUPERVISORS NAME: Simon Jacob
LICENSING EVALUATOR NAME: Angelica Boyles
LICENSING EVALUATOR SIGNATURE:
DATE: 07/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/13/2026