

Department of  
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604525  
Report Date: 05/14/2026  
Date Signed: 05/14/2026 05:54:23 PM

Unsubstantiated

|                                                        |                                                                                                                                                  |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>SAN DIEGO RO, 7575 METROPOLITAN DR. #109<br>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 **05/07/2026** and conducted by Evaluator Ramon Serrano

|                                  |                                                |
|----------------------------------|------------------------------------------------|
|                                  | COMPLAINT CONTROL NUMBER: 08-AS-20260507142442 |
| FACILITY NAME: CANYON GUEST HOME | FACILITY NUMBER: 374604525                     |
| ADMINISTRATOR: RAPHAEL, DANIEL   | FACILITY TYPE: 740                             |
| ADDRESS: 4224 EMET COURT         | TELEPHONE: (858) 285-0811                      |
| CITY: SAN DIEGO                  | STATE: CA ZIP CODE: 92117                      |
| CAPACITY: 6                      | CENSUS: 5 DATE: 05/14/2026                     |
|                                  | UNANNOUNCED TIME BEGAN: 09:45 AM               |
| MET WITH: Gary Rath              | TIME COMPLETED: 04:05 PM                       |

ALLEGATION(S):

|   |                                                                                                |
|---|------------------------------------------------------------------------------------------------|
| 1 | Staff do not ensure residents are accorded personal privacy while in care                      |
| 2 | Staff do not ensure residents are treated with dignity while provided with dressing assistance |
| 3 |                                                                                                |
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INVESTIGATION FINDINGS:

|    |                                                                                                              |
|----|--------------------------------------------------------------------------------------------------------------|
| 1  | Licensing Program Analyst (LPA) Ramon Serrano conducted an unannounced visit to investigative a              |
| 2  | complaint and deliver findings. LPA was granted entry into the facility and met with Administrator Gary      |
| 3  | Rathi to whom LPA explained the purpose of the visit.                                                        |
| 4  |                                                                                                              |
| 5  | Community Care Licensing (CCL) has investigated the above listed complaint allegations. The                  |
| 6  | investigation consisted of LPA observations, review of records, staff and outside source interviews.         |
| 7  |                                                                                                              |
| 8  | It was reported to CCL that staff at the facility may be taking photos of residents during personal care and |
| 9  | that cameras might be placed inside resident bedrooms. No specific residents, dates, or further              |
| 10 | information were provided. LPA interviewed the assistant administrator (AA), who stated that they and        |
| 11 | new staff recently took over the facility. AA denied that staff take photos of residents while they are      |
| 12 | undressed and stated that no such instructions have ever been given. AA also stated they were not            |
| 13 | aware of any cameras inside resident bedrooms or any plans to install them.                                  |

|                 |                               |
|-----------------|-------------------------------|
| Unsubstantiated | Estimated Days of Completion: |
|-----------------|-------------------------------|

|                                                                                                         |                         |
|---------------------------------------------------------------------------------------------------------|-------------------------|
| <b>SUPERVISORS NAME:</b> Robyn Clark                                                                    |                         |
| <b>LICENSING EVALUATOR NAME:</b> Ramon Serrano                                                          |                         |
| <b>LICENSING EVALUATOR SIGNATURE:</b>                                                                   | <b>DATE:</b> 05/14/2026 |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received. |                         |
| <b>FACILITY REPRESENTATIVE SIGNATURE:</b>                                                               | <b>DATE:</b> 05/14/2026 |

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 3  
**Control Number 08-AS-20260507142442**

|                                                        |                                                                                                                                                  |
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| <b>COMPLAINT INVESTIGATION REPORT (Cont)</b>           |                                                                                                                                                  |

**FACILITY NAME:** CANYON GUEST HOME **FACILITY NUMBER:** 374604525  
**VISIT DATE:** 05/14/2026

| NARRATIVE |                                                                                                             |
|-----------|-------------------------------------------------------------------------------------------------------------|
| 1         |                                                                                                             |
| 2         | LPA interviewed Staff 1 (S1), who has worked at the facility for approximately three weeks. S1 explained    |
| 3         | that staff take photos mainly of meals, activities, and limited medical issues. S1 stated that when         |
| 4         | medical photos are taken, they only show the specific body area needing documentation and do not            |
| 5         | include residents' faces or full bodies. S1 recalled a few examples, such as documenting a rash on a        |
| 6         | resident's arm and a coccyx sore on a resident who has since passed away. S1 denied ever taking or          |
| 7         | seeing staff take photos of residents while they were unclothed.                                            |
| 8         |                                                                                                             |
| 9         | LPA interviewed Staff 2 (S2), who has worked at the facility for two weeks. S2 stated that most             |
| 10        | responsible parties provided written permission for staff to take photos for meals, activities, and medical |
| 11        | concerns. One resident did not have consent, and staff only document that resident's needs in writing.      |
| 12        | S2 reported that the new staff have been documenting medical issues that existed before they arrived,       |
| 13        | including the coccyx sore on the deceased resident. S2 denied any practice of taking photos during          |
| 14        | dressing or changing and stated they have not heard of any plans to install cameras in resident rooms.      |
| 15        |                                                                                                             |
| 16        | LPA interviewed an outside source (OS) who visits the facility every day and is familiar with the residents |
| 17        | and staff. OS reported they have observed the facility before and after the new staff took over and         |
| 18        | described the new team as more engaged, organized, and attentive. OS stated the atmosphere now              |
| 19        | appears calmer and more structured, with a greater focus on meaningful engagement for residents with        |
| 20        | dementia.                                                                                                   |
| 21        |                                                                                                             |
| 22        | OS provided several examples of positive resident changes. OS described a resident who previously sat       |
| 23        | disengaged but now participates in simple group activities when encouraged by staff and shows more          |
| 24        | emotional comfort, such as smiling or responding to sensory items. OS described another resident who        |
| 25        | historically showed frequent distress but now appears calmer and less reactive, crediting staff for using   |
| 26        | gentle redirection and reassurance.OS reported hearing positive comments from multiple responsible          |
| 27        | parties who feel staff are more involved and communicative than before.                                     |
| 28        |                                                                                                             |
| 29        | OS stated that one responsible party asked them directly how they felt about staff taking photos of         |
| 30        | residents. OS said they told the responsible party that they support appropriate photo documentation        |
| 31        | because it helps families stay informed and helps staff monitor changes.                                    |
| 32        |                                                                                                             |

|                                                                                                         |                         |
|---------------------------------------------------------------------------------------------------------|-------------------------|
| <b>SUPERVISORS NAME:</b> Robyn Clark                                                                    |                         |
| <b>LICENSING EVALUATOR NAME:</b> Ramon Serrano                                                          |                         |
| <b>LICENSING EVALUATOR SIGNATURE:</b>                                                                   | <b>DATE:</b> 05/14/2026 |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received. |                         |
| <b>FACILITY REPRESENTATIVE SIGNATURE:</b>                                                               | <b>DATE:</b> 05/14/2026 |

LIC9099 (FAS) - (06/04) Page: 2 of 3  
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**COMPLAINT INVESTIGATION REPORT  
(Cont)**

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**FACILITY NUMBER:** 374604525

**VISIT DATE:** 05/14/2026

**NARRATIVE**

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OS stated they have only seen photos of meals, activities, and minor medical issues and that all photos appeared appropriate and respectful. OS stated they have never seen or heard of staff taking photos of residents who were undressed or of their private areas.

LPA interviewed the administrator (ADM). ADM stated that staff regularly take photos of residents' meals, activities, clothing, and rashes when needed for documentation. ADM stated that staff do not take full-face photos of residents, and if a face is captured, it is blurred. ADM reported that verbal and written consent was obtained from all responsible parties or POAs except for one resident, and that no photos are taken of that resident. ADM stated that no residents have cameras in their rooms and that there are no plans to install cameras in bedrooms. ADM also stated that many residents have rashes in their private areas and that staff monitor these regularly, sometimes taking photos of the rash and the cream applied, and only with responsible party consent.

A review of records revealed that five residents had signed written consent forms allowing the facility to take photos or videos strictly for care-related reasons. The form explains that photos may be used to help staff understand behaviors, communicate with healthcare providers, and document medical issues. It also states that photos are kept private, stored securely, only shared with the resident's care team, and that consent is voluntary and may be revoked at any time. One resident's responsible party declined consent, and no photos are taken for that resident.

Based on interviews and review of records, there is no evidence to support the allegations that staff violate residents' privacy or dignity during care. At this time, all allegations are unsubstantiated. An exit interview was conducted with Gary Rathi. A copy of this report along with licensee rights (LIC 9058, 3/22) was provided to Gary Rathi whose signature below verifies receipt of these rights.

**SUPERVISORS NAME:** Robyn Clark  
**LICENSING EVALUATOR NAME:** Ramon Serrano  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 05/14/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

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