

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 374604533

Report Date: 02/06/2026

Date Signed: 02/06/2026 09:55:46 AM

### 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 **01/26/2024** and conducted by Evaluator Renita Hall

	<b>COMPLAINT CONTROL NUMBER: 08-AS-20240126153355</b>
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<b>FACILITY NAME:</b> SANTIANNA OAKMONT SIGNATURE LIVING	<b>FACILITY NUMBER:</b> 374604533
<b>ADMINISTRATOR:</b> EL RABAA, SAM	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 2560 FARADAY AVE	<b>TELEPHONE:</b> (442) 325-8090
<b>CITY:</b> CARLSBAD	<b>STATE:</b> CA
<b>CAPACITY:</b> 0	<b>ZIP CODE:</b> 92010
	<b>CENSUS:</b> 0
	<b>DATE:</b> 02/06/2026
<b>MET WITH:</b> Sent via USPS, closed facility	<b>UNANNOUNCED TIME BEGAN:</b> 09:38 AM
	<b>TIME COMPLETED:</b> 10:00 AM

### ALLEGATION(S):

1	Staff denied food to residents in care,
2	Staff left a resident in soiled bedding.
3	Staff did not ensure resident's floors were cleaned.
4	Staff did not prevent hazardous items from being accessible to residents in care.
5	Staff did not properly dispose of trash.
6	Staff did not respond to resident's call light in a timely manner.
7	
8	
9	

### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Renita Hall sent this report to the former licensee at their last known
2	mailing address via USPS-certified mail and via email to deliver the investigation findings for the above
3	allegations. The facility ceased operations on or about November 26, 2025.
4	
5	On January 26, 2024, a complaint was received by the Department against the staff of Santianna
6	Oakmont Signature Living. The complaints were as follows: Staff denied food to residents in care, Staff
7	left a resident in soiled bedding, Staff did not ensure residents' floors were cleaned, Staff did not prevent
8	hazardous items from being accessible to residents in care, Staff did not properly dispose of trash, Staff
9	did not respond to a resident's call light in a timely manner. The investigation process included interviews
10	with staff members, a review of facility records, interviews with residents, interview with outside source,
11	and a tour of the facility.
12	
13	

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Sabel Martinez

LICENSING EVALUATOR NAME: Renita Hall  
LICENSING EVALUATOR SIGNATURE:

DATE: 02/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/06/2026

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-20240126153355

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: SANTIANNA OAKMONT SIGNATURE  
LIVING

FACILITY NUMBER: 374604533

VISIT DATE: 02/06/2026

### NARRATIVE

- 1 Interviews with staff confirmed that all residents were provided with meals as scheduled. No evidence
- 2 supported the claim that food was denied to any residents. Staff and outside source interviews indicated
- 3 that residents are checked and changed regularly. No specific instances of residents being left in soiled
- 4 bedding were identified. Interviews with staff confirmed that the residents' floors are cleaned according
- 5 to the schedule. Random checks during the investigation found the floors to be clean and well-
- 6 maintained.
- 7
- 8 Inspections of residents' rooms and common areas did not reveal any hazardous items that were
- 9 accessible to residents in memory care. LPA's observations of disposal practices showed that trash was
- 10 properly disposed of according to facility protocols. The facility was found to be clean and sanitary
- 11 during visit. Call light response times were reviewed, and interviews with staff and residents did not
- 12 reveal significant delays a manual logs were not maintained. Response times were within acceptable
- 13 limits as per the facility's standards averaging 5 to 20 minutes depending on staffing and residents'
- 14 needs.
- 15
- 16 The Department's investigation found that all the complaints against the staff were unsubstantiated. The
- 17 facility's records, staff interviews, interview outside source, and direct observations support the
- 18 conclusion that the care and services provided meet the required standards. A finding that is
- 19 unsubstantiated means that although the allegations may have happened or are valid, there is not a
- 20 preponderance of the evidence to prove that the alleged violations occurred.
- 21
- 22 A copy of this report along with Licensee/Appeal Rights (LIC 9058) was mailed via USPS Certified Mail
- 23 to the former licensee's mailing address on file.
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SUPERVISORS NAME: Sabel Martinez

LICENSING EVALUATOR NAME: Renita Hall

LICENSING EVALUATOR SIGNATURE:

DATE: 02/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/06/2026