

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604542
Report Date: 08/20/2026
Date Signed: 08/20/2026 09:12:59 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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 03/15/2024 and conducted by Evaluator Renita Hall

		COMPLAINT CONTROL NUMBER: 08-AS-20240315143917	
FACILITY NAME: PACIFICA SENIOR RANCHO PENASQUITOS		FACILITY NUMBER:	374604542
ADMINISTRATOR:MCDONALD, JILL		FACILITY TYPE:	740
ADDRESS: 12979 RANCHO PENASQUITOS BLVD		TELEPHONE:	(858) 215-5820
CITY: SAN DIEGO	STATE: CA	ZIP CODE:	92129
CAPACITY: 120	CENSUS: 80	DATE:	08/20/2026
		UNANNOUNCED TIME BEGAN:	08:43 AM
MET WITH: Christina Coronado, Memory Care Director		TIME COMPLETED:	09:30 AM

ALLEGATION(S):

1	Staff shook a resident in care.
2	Staff yelled at a resident in care.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Renita Hall, conducted an unannounced phone call to deliver findings
2	regarding the above-mentioned allegations LPA spoke with the Memory Care Director. LPA identified
3	herself and disclosed the purpose of the visit and elements of the findings with the Memory Care
4	Director.
5	
6	On March 15, 2024, the Department received a complaint of allegations made against staff members at
7	formerly known as Pacifica Senior Rancho Penasquitos regarding two specific incidents: Staff shaking a
8	resident in care and Staff yelling at a resident in care.
9	
10	On March 21, 2024, LPA conducted a facility tour and collected resident and personnel records. The
11	Department conducted an investigation into the above allegations. The staff member in question was not
12	identified and, therefore, could not be interviewed.
13	
Continued on 9099C	

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Sabel Martinez	
LICENSING EVALUATOR NAME: Renita Hall	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/20/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/20/2026

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 2
Control Number 08-AS-20240315143917

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: PACIFICA SENIOR RANCHO PENASQUITOS	FACILITY NUMBER: 374604542
VISIT DATE: 08/20/2026	

NARRATIVE	
1	Staff interviewed stated that they had not heard of the allegations. During interviews, staff reported that
2	Resident 1 (R1) was considered one of the more difficult residents due to behaviors. Records reviewed
3	indicate that R1 resided at the facility from December 4, 2023, through February 29, 2024.
4	Documentation reflects primary diagnoses including Parkinson's disease and dementia with behavioral
5	disturbances, as well as chronic anxiety. R1 was not available for interview due to no longer residing at
6	the facility at the time the complaint was received.
7	
8	LPA attempted to interview additional residents in the memory care unit; however, residents
9	encountered did not engage or respond to attempts at communication, and interviews could not be
10	conducted.
11	A facility tour was conducted, and no health or safety hazards were observed at the time of the visit.
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13	Based on interviews conducted, records reviewed, and observations made, there is insufficient evidence
14	to support the allegations. Therefore, the allegations are deemed unsubstantiated. A finding that is
15	unsubstantiated means that although the allegations may have happened or are valid, there is not a
16	preponderance of the evidence to prove that the alleged violations occurred.
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18	An exit interview was conducted with Memory Care Director. A copy of this report and Licensee's Rights
19	(LIC 9058 03/22) were provided to the Memory Care Director via electronic signature on this report
20	confirms receipt of the Licensee Rights.
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LICENSING EVALUATOR NAME: Renita Hall	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/20/2026
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