

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604544

Report Date: 02/23/2026

Date Signed: 02/23/2026 04:23:49 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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/14/2026** and conducted by Evaluator Ramon Serrano

	COMPLAINT CONTROL NUMBER: 08-AS-20260214141208
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FACILITY NAME: BONITA VILLA SENIOR LIVING	FACILITY NUMBER: 374604544
ADMINISTRATOR: REBECCA TOVES	FACILITY TYPE: 740
ADDRESS: 3434 BONITA ROAD	TELEPHONE: (619) 476-9444
CITY: CHULA VISTA	STATE: CA
CAPACITY: 145	ZIP CODE: 91910
MET WITH: Richard Tibi	CENSUS: 102
	DATE: 02/23/2026
	UNANNOUNCED TIME BEGAN: 09:27 AM
	TIME COMPLETED: 03:00 PM

ALLEGATION(S):

1	Licensee did not provide adequate supervision to resident.
2	Licensee did not meet food service requirement.
3	Licensee did not maintain emergency lighting.
4	Licensee did not provide reasoning/description for rent increase.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Ramon Serrano conducted an unannounced complaint visit and also
2	delivered complaint findings. LPA introduced himself and disclosed the purpose of the visit with Resident
3	Services Director Richard Tibi.
4	
5	Community Care Licensing (CCL) has investigated the above allegations. The investigation consisted of
6	LPA observations, records review, interviews with staff, residents and outside sources.
7	
8	On February 23, 2026, LPA conducted an unannounced visit to the facility to investigate the above
9	allegations. LPA interviewed residents and staff, observed the facility, and reviewed records including
10	care plans, physician reports, admission agreements, and staff charting notes. It was clarified that the
11	concern about supervision was not related to a fall caused by lack of supervision, but about the time
12	Resident 1 (R1) remained on the floor after the fall. R1 stated they are independent and staff rarely check
13	on them. Staff charting notes showed that on February 6, 2026, at 9:40 AM, R1's call pendant was
	activated.

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Robyn Clark
LICENSING EVALUATOR NAME: Ramon Serrano
LICENSING EVALUATOR SIGNATURE:

DATE: 02/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/23/2026

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-20260214141208

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: BONITA VILLA SENIOR LIVING

FACILITY NUMBER: 374604544

VISIT DATE: 02/23/2026

NARRATIVE

1 Staff responded promptly, knocked several times, and eventually spoke with R1, who insisted they did
2 not press the pendant. Other residents and staff reported that checks are done approximately every two
3 hours for all residents. R1's care plan dated September 16, 2025, indicated that R1 is independent in
4 bathing, grooming, dressing, meals, toileting, and ambulation. Based on interviews and documentation,
5 there was no evidence that supervision requirements were violated.
6

7 It was reported that R1 did not eat red meat and sometimes the only alternative is chicken tenders,
8 which was described as overcooked and hard to chew. They also mentioned salads sometimes come
9 without dressing and that food quality varies depending on which chef is working. R1 stated the food is
10 often bland and lacks seasoning, but when the "right chef" is working, meals taste much better. During
11 the visit, R1 called the front desk to order food and was offered herb-grilled fish, garden rice, and
12 vegetables, which they accepted. Staff confirmed R1 is vegetarian and that they communicate this to the
13 kitchen. Staff stated that R1 often requests specific items and is vocal about their preferences. Other
14 residents stated that while food tastes like "cafeteria food," alternatives are offered if requested. Kitchen
15 staff reported that they can prepare various options for residents, but requests need to be made in
16 advance. Records and interviews show the facility provides options and accommodates special diets.
17 No evidence was found that food service requirements were not met.
18

19 It was reported that the facility had a power outage from 7:00 PM to 10:00 PM and no emergency lights
20 or flashlights were available. Staff and maintenance interviews confirmed a power outage occurred
21 approximately two weeks ago, lasting between 30 and 60 minutes. The maintenance director stated the
22 outage began around 6:00 PM and the facility does not have a backup generator but does have
23 emergency lighting and illuminated exit signs that activate immediately during a power outage. Staff
24 stated they did their best to assist residents during the outage and that emergency lights were
25 functioning. Based on interviews and observations, there was no evidence to support that emergency
26 lighting was not maintained.
27

28 R1 stated they were not given a reason for the rent increase. Records show that on September 22,
29 2022, R1's representative signed an addendum explaining average monthly fee and level of care
30 increases. On October 20, 2025, the facility issued a written notice explaining that costs had increased
31 due to market conditions, operations, and overall expenses, and therefore rates were adjusted effective
32 February 1, 2026. The notice stated that the facility continually analyzes the market, their operations,
and financial strength, and that increases in costs associated with operating the facility and providing
quality services led to the adjustment.

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

DATE: 02/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/23/2026

LIC9099 (FAS) - (06/04)

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Control Number 08-AS-20260214141208

**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** BONITA VILLA SENIOR LIVING**FACILITY NUMBER:** 374604544**VISIT DATE:** 02/23/2026**NARRATIVE**1
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Documentation supports that the facility provided reasoning for the increase. LPA also interviewed the Resident Services Director (RSD), who stated that R1 is independent and has no additional staff requests on their care plan. RSD noted that R1 has been receiving free meal delivery despite never paying for it and that RSD recently advised R1's responsible party that meal delivery would need to be paid for going forward, which the responsible party refused. RSD stated that R1's responsible parties have been demanding and sometimes speak to staff inappropriately. Staff interviews described R1 as vocal and emotional at times, often expressing concerns about management and food quality. Other residents confirmed that staff check on residents regularly and that meal alternatives are available.

Based on interviews, observations, and record reviews, all allegations are UNSUBSTANTIATED. This means there is not enough evidence to prove the allegations occurred. An exit interview was conducted with Richard Tibi. A copy of this report along with licensee rights (LIC 9058, 3/22) was provided to Richard Tibi, whose signature below verifies receipt of these rights.

SUPERVISORS NAME: Robyn Clark**LICENSING EVALUATOR NAME:** Ramon Serrano**LICENSING EVALUATOR SIGNATURE:****DATE:** 02/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 02/23/2026