

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604545
Report Date: 09/22/2025
Date Signed: 09/22/2025 11:58:48 AM

Unfounded

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/13/2023** and conducted by Evaluator Javina George

PUBLIC	COMPLAINT CONTROL NUMBER: 18-AS-20230713151454
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FACILITY NAME: GARDENS AT ESCONDIDO	FACILITY NUMBER: 374604545
ADMINISTRATOR: MCBRIDE, FERLINA	FACILITY TYPE: 740
ADDRESS: 1342 NORTH ESCONDIDO BLVD	TELEPHONE: (760) 480-8155
CITY: ESCONDIDO	STATE: CA
CAPACITY: 101	ZIP CODE: 92026
	CENSUS: 74
	DATE: 09/22/2025
MET WITH: Monica Flores, Executive Director	UNANNOUNCED TIME BEGAN: 10:45 AM
	TIME COMPLETED: 11:30 AM

ALLEGATION(S):

1	Due to staff neglect, resident sustained a burn requiring hospitalization.
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INVESTIGATION FINDINGS:

1	On 09/22/25 Licensing Program Analyst (LPA) Javina George made an unannounced visit to the facility
2	to deliver findings for the allegation noted above. LPA met with Monica Flores, Executive Director and
3	explained the purpose of the visit and the elements of the allegation. The allegation was investigated,
4	and the investigation consisted of observations, interviews and records review.
5	
6	On 07/13/2023 Community Care Licensing received a complaint alleging due to staff neglect, resident
7	sustained a burn requiring hospitalization. Resident #1 (R1) was admitted to the facility on 06/15/2023.
8	On 07/13/2023 during medication pass, R1 was found inside their bedroom in a frog-like position facing
9	downward at the foot of their bed. Staff #1 (S1) checked R1's vitals and observed R1 to have redness
10	around their calf of their legs, but no blistering. Emergency Services were activated and R1 was sent out
11	and admitted to a local hospital from 07/13/2023 to 08/02/2023.
12	
13	

Unfounded

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Carolyn Tuba
NAME OF LICENSING PROGRAM ANALYST: Javina George
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/14/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/22/2025

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 18-AS-20230713151454

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27
RIVERSIDE, CA 92507

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: GARDENS AT ESCONDIDO

FACILITY NUMBER: 374604545

VISIT DATE: 09/22/2025

NARRATIVE

- 1 A review of the relevant medical records related to R1's hospitalization were reviewed. The medical
- 2 records indicated R1 was not diagnosed with a burn. R1 was diagnosed with injuries related to R1's
- 3 health conditions.
- 4
- 5 The investigation did not provide sufficient evidence that staff neglect caused the injuries R1 was
- 6 diagnosed with. The investigation further revealed staff obtained timely medical attention for R1's
- 7 observed injuries. Therefore, based on interviews and records review the allegation is unfounded. A
- 8 finding that the complaint is unfounded means the allegation is false, could not have happened, and/or
- 9 is without a reasonable basis.
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- 11 An exit interview was conducted where a copy of this report was reviewed and provided to Monica
- 12 Flores, Executive Director.
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NAME OF LICENSING PROGRAM MANAGER: Carolyn Tuba
NAME OF LICENSING PROGRAM ANALYST: Javina George
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/22/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/22/2025