

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604604
Report Date: 08/25/2025
Date Signed: 08/25/2025 08:59:54 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 **08/15/2025** and conducted by Evaluator Debbie Correia

	COMPLAINT CONTROL NUMBER: 08-AS-20250815104547
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FACILITY NAME: PACIFICA SENIOR LIVING POWAY	FACILITY NUMBER: 374604604
ADMINISTRATOR: AZEMIKHAH, CAMERON	FACILITY TYPE: 740
ADDRESS: 12750 GATEWAY PARK ROAD	TELEPHONE: (858) 451-9933
CITY: POWAY	ZIP CODE: 92064
CAPACITY: 72	DATE: 08/25/2025
	UNANNOUNCED TIME BEGAN: 11:45 AM
MET WITH: Executive Director (ED) Cameron Azemikhah	TIME COMPLETED: 06:30 PM

ALLEGATION(S):

1	Staff are not meeting the residents bathing needs.
2	Staff are not properly maintaining the residents rooms.
3	Staff are not meeting the residents catheter needs.
4	Staff are not meeting the residents laundry needs.
5	Staff are not meeting the residents transferring needs.
6	Staff are allowing the residents to be soiled.
7	Staff do not keep the facility free from mold.
8	Staff do not provide adequate care and supervision of the residents.
9	Facility is insufficiently staffed.

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Correia conducted an unannounced visit to conclude a complaint
2	investigation regarding the above-mentioned allegations. LPA identified herself and met with Executive
3	Director (ED) Azemikhah to discuss the purpose of the visit.
4	
5	The Department's investigation included facility and staff records reviews and interviews, and a facility
6	tour.
7	
8	It was alleged staff were not meeting residents' needs of assistance with Activities of Daily Living skills
9	(ADLs). Specifically, it was alleged facility staff did not provide adequate assistance with bathing,
10	transfers, and housekeeping. Interviews conducted with residents revealed no concerns or issues with
11	assistance with ADLs as mentioned above. It was also alleged that staff did not provide adequate
12	incontinence and/or catheter care, and residents had been left soiled. Similarly, interviews with residents
13	that required incontinence and/or catheter care revealed no issues with services provided by staff.

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Robyn Clark
NAME OF LICENSING PROGRAM ANALYST: Debbie Correia
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/25/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/25/2025

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-20250815104547

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: PACIFICA SENIOR LIVING POWAY

FACILITY NUMBER: 374604604

VISIT DATE: 08/25/2025

NARRATIVE

1 Additionally, it was alleged staff did not provide adequate care and supervision of the residents, and the
2 facility was insufficiently staffed. Interviews conducted with some residents in care revealed they felt the
3 facility was understaffed. However, when probed on how this affected them or other residents, they
4 responded there was no effect on themselves and were not able to specify who or how it affected other
5 residents in care. A review of staff records revealed staff received proper training for their role at the
6 facility, and a review of resident records corroborated service provisions were being rendered as
7 needed.
8
9 Lastly, it was alleged that the facility was not free of mold. All resident interviews revealed no issues with
10 mold at the facility, including one resident that revealed being allergic to mold. A facility tour revealed the
11 facility had experienced some leaks that resulted in mold. The areas affected were observed to have
12 been restored.
13
14 Based on interviews, direct LPA observations and records reviews, a preponderance of evidence does
15 not exist to prove that the alleged violations occurred, therefore the allegations were determined
16 UNSUBSTANTIATED.
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18 An exit interview was conducted with Business Office Manager (BOM) Marisol Barajas, to whom a copy
19 of this report and Licensee/Appeal Rights (LIC9058 03/22) will be provided at the conclusion of the visit.
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NAME OF LICENSING PROGRAM MANAGER: Robyn Clark
NAME OF LICENSING PROGRAM ANALYST: Debbie Correia
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/25/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/25/2025

LIC9099 (FAS) - (06/04)

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