

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604604

Report Date: 12/31/2025

Date Signed: 12/31/2025 06:06:06 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 **12/15/2025** and conducted by Evaluator Debbie Correia

	COMPLAINT CONTROL NUMBER: 08-AS-20251215130522
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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	STATE: CA
CAPACITY: 72	ZIP CODE: 92064
MET WITH: Executive Director (ED) Cameron	CENSUS: 52
	DATE: 12/31/2025
	UNANNOUNCED TIME BEGAN: 09:30 AM
	TIME COMPLETED: 04:00 PM

ALLEGATION(S):

1	Staff did not prevent the spread of gastrointestinal illness.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Correia conducted an unannounced visit to conclude a complaint
2	investigation. LPA Correia was met by Executive Director (ED) Azemikah, identified herself, and
3	explained the purpose of the visit.
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5	On December 15, 2025, the Department received a complaint that alleged the Licensee did not prevent
6	the spread of an illness. The Department's investigation consisted of staff, resident, and outside source
7	interviews, a facility tour, and a records review.
8	
9	It was alleged that shortly after reopening the facility's communal dining room, after undergoing
10	renovations, residents in care experienced an outbreak of a gastrointestinal illness. An outside source
11	alleged the illness was related to the food served at the facility.
12	
13	On the same day the complaint was filed, December 15, 2025, the ED reported the outbreak to the
	Department.
	[Continued on LIC 9099 C]

SUPERVISORS NAME: Robyn Clark

LICENSING EVALUATOR NAME: Debbie Correia

LICENSING EVALUATOR SIGNATURE:

DATE: 12/26/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/26/2025

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

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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: 12/31/2025

NARRATIVE

1 [Continuation of LIC 9099]

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The ED disclosed they contacted the County Health Department who came to the facility to ensure infection control procedures and protocols were in place. LPA conducted an interview with Outside Source 1 (OS1) who corroborated and confirmed the ED's statement. Also, during a facility tour LPA observed infection control procedures and protocol were in place.

A review of the facility log maintained of infected staff and residents revealed 6 staff and 26 residents were infected with the virus. Interviews conducted with one staff member (S1) revealed contracting the virus on December 9, 2025, 4 days before the facility re-opened communal dining on December 13, 2025, confirmed by a facility record review. An interview with Staff 2 (S2) revealed contracting the virus, however, they never ate at the facility.

A record review and interview with Resident 1 (R1) revealed they went to the hospital after displaying symptoms and tested positive for Norovirus. Additionally, an interview with Resident 2 (R2) revealed they did not contract the virus and revealed they ate all three meals at the facility while the communal dining was open.

Based on staff and resident interviews and records reviews the Department determined the allegation to be Unsubstantiated. An unsubstantiated finding means there was not a preponderance of evidence to prove the violation occurred.

An exit interview was conducted with ED Azemikah to whom a copy of this report (LIC 9099), and the Licensee Rights (LIC 9058) was provided. Signature below confirms receipt of the reports.

During today's visit LPA left for lunch and to conduct an additional visit.

SUPERVISORS NAME: Robyn Clark

LICENSING EVALUATOR NAME: Debbie Correia

LICENSING EVALUATOR SIGNATURE:

DATE: 12/26/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/26/2025