

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 374604684  
Report Date: 03/03/2026  
Date Signed: 03/03/2026 05:07:59 PM

**Substantiated**

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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/26/2026** and conducted by Evaluator Amy Rodgers

	<b>COMPLAINT CONTROL NUMBER: 08-AS-20260226092609</b>
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<b>FACILITY NAME:</b> GROSSMONT GARDENS MEMORY CARE	<b>FACILITY NUMBER:</b> 374604684
<b>ADMINISTRATOR:</b> SCOTT-KAPLIOFF, ANGELA	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 4960 MILLS STREET	<b>TELEPHONE:</b> (619) 644-1100
<b>CITY:</b> LA MESA	<b>STATE:</b> CA
<b>CAPACITY:</b> 64	<b>ZIP CODE:</b> 91942
	<b>CENSUS:</b> 60
	<b>DATE:</b> 03/03/2026
	<b>UNANNOUNCED TIME BEGAN:</b> 04:15 PM
<b>MET WITH:</b> Executive Director Angela Scott- Kapiloff	<b>TIME COMPLETED:</b> 05:30 PM

**ALLEGATION(S):**

1	Staff did not ensure the residents' call buttons were not in disrepair
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**INVESTIGATION FINDINGS:**

1	LPA Amy Rodgers conducted an unannounced visit to deliver findings regarding the allegation that the
2	facility's call signal system was not operating properly. LPA identified herself and discussed the
3	allegations mentioned above with Executive Director Angela Scott- Kapiloff.
4	
5	
6	During the course of the investigation LPA toured the facility, tested portions of the call system,
7	interviewed staff, received statements from outside sources, and conducted a records review.
8	
9	(Continued on LIC9099C)
10	
11	
12	
13	

<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Simon Jacob

LICENSING EVALUATOR NAME: Amy Rodgers  
LICENSING EVALUATOR SIGNATURE:

DATE: 03/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/03/2026

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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SAN DIEGO RO, 7575 METROPOLITAN DR. #109  
SAN DIEGO, CA 92108

## COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: GROSSMONT GARDENS MEMORY CARE

FACILITY NUMBER: 374604684

VISIT DATE: 03/03/2026

### NARRATIVE

1 LPA Rodgers conducted an unannounced complaint investigation on 02/26/2026 regarding concerns  
2 related to the facility's call signal system. On 02/26/2026 at approximately 1:25 PM, LPA activated a  
3 bathroom call cord in the 200 hallway with assistance from maintenance staff. No auditory or visual alert  
4 activated. Maintenance staff reported battery replacement in that hallway had not yet been completed.  
5

6 At approximately 1:43 PM, LPA entered Room 401 and asked the resident to pull the bedside call cord.  
7 LPA positioned herself to observe both the resident room and the med tech room. No alert activated,  
8 and no staff response occurred. When LPA checked with staff in the Medication room, staff confirmed  
9 they did not hear or observe any alert. LPA observation confirmed no alert sound was produced from the  
10 computer alert system located in the medication room.  
11

12 Department interviews with staff reveal inconsistent reports regarding how long the call system had  
13 been experiencing intermittent outages.  
14

15 Despite the malfunctioning call system, Department observations during multiple unannounced visits  
16 showed residents to be clean, odor free, groomed, and regularly attended to by staff throughout  
17 hallways and common areas. Staff were consistently observed assisting residents with redirection,  
18 incontinence care, mobility, and activities. Outside sources who visit the facility frequently also reported  
19 that residents are well cared for, clean, and supported by staff. These combined observations do not  
20 indicate an immediate threat to the health and safety of residents.  
21

22  
23 Based on LPA direct observations and interviews and records review, the preponderance of evidence  
24 has been met that alleged violation occurred and are therefore substantiated. Deficiencies are cited per  
25 California Code of Regulations, Title 22 (refer to the attached LIC 9099-D). A Plan of Correction was  
26 jointly developed with the licensee.  
27

28 An exit interview was conducted with Executive Director Angela Scott- Kapiloff, to whom a copy of this  
29 report, the LIC9099D and the Licensee/Appeal Rights (LIC9058 03/22) were provided.  
30  
31  
32

SUPERVISORS NAME: Simon Jacob

LICENSING EVALUATOR NAME: Amy Rodgers

LICENSING EVALUATOR SIGNATURE:

DATE: 03/03/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/03/2026

LIC9099 (FAS) - (06/04)

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## COMPLAINT INVESTIGATION REPORT (Cont)

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/04/2026 Section Cited CCR 87303(i)(1)	1 87303 Maintenance and Operation (i) 2 (1)Facilities shall have signal systems 3 which shall meet the following criteria: 4 All facilities licensed for 16 or more.. 5 shall have a signal system... 6 7	1 The Administrator reported that the 2 pager system has been repaired and all 3 pagers have been placed back into 4 service. The administrator conducted 5 retraining on 2/27/2026. 6 7
	8 This requirement was not met in 9 evidence as: Based on 10 observation/interview/record review the 11 licensee did not maintain a operational 12 signal system for 60 of 60 persons in 13 care which posed a potential Health, 14 Safety, or Personal Rights risk to persons in care	8 The staff has also initiated daily/monthly 9 random checks of the signal system to 10 ensure it is functioning properly. 11 Adminsitrator will provide a written letter 12 to LPA to confirm such continous 13 checks by 3/18/2026 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

**SUPERVISORS NAME:** Simon Jacob  
**LICENSING EVALUATOR NAME:** Amy Rodgers  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_  
**DATE:** 03/03/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_  
**DATE:** 03/03/2026