

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604684
Report Date: 06/17/2026
Date Signed: 06/17/2026 12:24:32 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 **06/11/2026** and conducted by Evaluator Amy Rodgers

	COMPLAINT CONTROL NUMBER: 08-AS-20260611112704
FACILITY NAME: GROSSMONT GARDENS MEMORY CARE	FACILITY NUMBER: 374604684
ADMINISTRATOR: NATALIE CARLBORG	FACILITY TYPE: 740
ADDRESS: 4960 MILLS STREET	TELEPHONE: (619) 644-1100
CITY: LA MESA	ZIP CODE: 91942
CAPACITY: 64	DATE: 06/17/2026
	UNANNOUNCED TIME BEGAN: 11:45 AM
MET WITH: Executive Director Natalie Carlborg	TIME COMPLETED: 12:15 PM

ALLEGATION(S):

1	Staff did not prevent resident from being assaulted by another resident
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Amy Rodgers conducted an unannounced visit to the facility to
2	invisitagte and deliver findings regarding the above-mentioned allegation. LPA Rodgers identified herself,
3	explained the purpose of the visit, and discussed the nature of the complaint with Executive Director
4	Natalie Carlborg.
5	
6	On June 11, 2026, Community Care Licensing (CCLD) received a complaint alleging that staff did not
7	prevent resident #1(R1) from being assaulted by Resident #2(R2). Additionally, the Department received
8	a self report SOC 341 from the facility on June 16, 2026 regarding the same incident.
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10	The Department's investigation included a facility tour, record reviews, and interviews with staff and
11	outside source.
12	(continued on LIC9099C)
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Simon Jacob

LICENSING EVALUATOR NAME: Amy Rodgers	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/17/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/17/2026

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 08-AS-20260611112704

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: GROSSMONT GARDENS MEMORY CARE	FACILITY NUMBER: 374604684
	VISIT DATE: 06/17/2026

NARRATIVE	
1	(continued from LIC9099)
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3	Department Interview with outside source revealed that R1 and R2 have been roommates since May
4	2025 and that no prior issues between the two residents had been reported before this incident.
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6	Department Interviews with Staff #1 and Staff #2 revealed that Staff #2 was inside the room cleaning
7	when the incident occurred and witnessed R1 strike R2. Staff reported they immediately called for
8	assistance, responded at once, separated the residents, and de escalated the situation. Staff also
9	reported that R1 appeared confused.
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11	Department record review revealed both residents were assessed with no injuries noted, responsible
12	parties were notified, and R1 was transported to hospital for further evaluation.
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14	Based on interviews and records, the preponderance of evidence does not support that staff failed to
15	provide adequate supervision. Staff were present, witnessed the event, and intervened promptly.
16	Therefore, the allegation is UNSUBSTANTIATED
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18	An exit interview was conducted with Executive Director Carlborg, to whom a copy of this report and the
19	Licensee/Appeal Rights (LIC 9058 03/22) were provided.
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SUPERVISORS NAME: Simon Jacob	
LICENSING EVALUATOR NAME: Amy Rodgers	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/17/2026
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