

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604722
Report Date: 07/30/2025
Date Signed: 07/30/2025 06:27:16 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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/29/2024** and conducted by Evaluator Marisela Garcia-Centeno

	COMPLAINT CONTROL NUMBER: 08-AS-20240529111937
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FACILITY NAME: NOVELLUS CLAIREMONT LLC	FACILITY NUMBER: 374604722
ADMINISTRATOR: LAIRD, CANDI	FACILITY TYPE: 740
ADDRESS: 5219 CLAIREMONT MESA BLVD.	TELEPHONE: (858) 292-8044
CITY: SAN DIEGO	ZIP CODE: 92117
CAPACITY: 214	DATE: 07/30/2025
MET WITH: Executive Director, EJ Lewis	UNANNOUNCED TIME BEGAN: 01:05 AM
	TIME COMPLETED: 04:50 PM

ALLEGATION(S):

1	Staff did not administer medication as ordered
2	Not enough staff to meet residents needs
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Marisela Garcia-Centeno conducted an unannounced visit to deliver
2	investigative findings. Upon arrival, LPA was greeted by Executive Director (ED) EJ Lewis, identified
3	herself, and explained the purpose of the visit.
4	
5	Investigation Overview
6	Community Care Licensing (CCL) initiated an investigation in response to a complaint received on May
7	29, 2024. The complaint alleged that staff failed to administer medication as ordered and that there was
8	an insufficient number of staff to meet the needs of residents.
9	To evaluate these allegations, the CCL conducted an onsite inspection of the facility, reviewed facility
10	records, and conducted multiple interviews with staff, residents, and external sources. These
11	investigative methods were used to assess the facility's compliance with applicable laws and regulations
12	during the relevant time period.
13	(continue at LIC9099C)

Substantiated	Estimated Days of Completion:
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NAME OF LICENSING PROGRAM MANAGER: Sabel Martinez
NAME OF LICENSING PROGRAM ANALYST: Marisela Garcia-Centeno
LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 07/30/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 07/30/2025

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 4
Control Number 08-AS-20240529111937

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COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: NOVELLUS CLAIREMONT LLC **FACILITY NUMBER:** 374604722
VISIT DATE: 07/30/2025

NARRATIVE

1 (Continue from LIC9099)
2
3 According to the complaint, residents were receiving their medications late due to a shortage of staff
4 available to administer them. It was reported that between February and May 2024, the facility
5 experienced a shortage of medication technicians and direct care staff. However, no specific details
6 were provided regarding which residents were affected or the specific dates and times when medication
7 was administered late.
8
9 Findings
10 CCL conducted interviews with staff, residents, responsible parties, and external sources, all of which
11 consistently corroborated both allegations.
12 Staff interviews revealed ongoing concerns regarding inadequate direct care staffing during the period in
13 question. Management acknowledged the use of external staffing agencies to fill gaps and compensate
14 for staffing shortages. During visits conducted on June 3, 2024, and April 10, 2025, LPA observed the
15 Executive Director acting as a medication technician due to staff shortages.
16
17 Interviews with staff and residents confirmed that the Executive Director and other non-direct care staff
18 were frequently reassigned to cover care shifts. As a result, medication administration was often
19 delayed. While no adverse health outcomes were reported due to delayed medication, residents' other
20 care needs were not consistently met.
21 Interviewees stated that services such as incontinence care, showering, grooming, laundry, and
22 housekeeping were often delayed or incomplete. For example, maintenance staff were observed doing
23 laundry, and housekeeping staff were assisting with food service duties. Management and staff indicated
24 they were making efforts to meet residents' needs but acknowledged that there were not enough staff
25 available to maintain adequate care. It was further explained that the facility was experiencing
26 challenges in remaining competitive within the industry and had to rely heavily on outside staffing
27 agencies.
28 As of May 2025, the facility is under new management. The current administration has prioritized
29 increasing staffing levels to ensure resident care needs are met. Follow-up interviews with staff,
30 residents, and external sources confirmed that current staffing is adequate.
31
32 (continue at LIC9099C)

NAME OF LICENSING PROGRAM MANAGER: Sabel Martinez
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DATE: 07/30/2025

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DATE: 07/30/2025

**COMPLAINT INVESTIGATION REPORT
 (Cont)**

FACILITY NAME: NOVELLUS CLAIREMONT LLC

FACILITY NUMBER: 374604722

VISIT DATE: 07/30/2025

NARRATIVE

1 (Continue from LIC9099C)
 2

3 Conclusion

4 Based on the evidence obtained through observations and interviews, CCL substantiates both
 5 allegations using the preponderance of evidence standard.

6 Deficiencies were cited under Title 22, Division 6, Chapter 8 of the California Code of Regulations and
 7 are detailed on the LIC 9099-D form. A Plan of Correction (POC) was developed in coordination with ED
 8 EJ Lewis.

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 10 An exit interview was conducted with ED Lewis, who was provided with copies of this report, the LIC
 11 9099-D Deficiency Report, and the LIC 9058 (03/22) Licensee Appeal Rights.
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NAME OF LICENSING PROGRAM MANAGER: Sabel Martinez

NAME OF LICENSING PROGRAM ANALYST: Marisela Garcia-Centeno

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/30/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/30/2025

Citations on this Visit Report are Under Appeal!

Control Number 08-AS-2024052911937

**COMPLAINT INVESTIGATION REPORT
 (Cont)**

FACILITY NAME: NOVELLUS CLAIREMONT LLC

FACILITY NUMBER: 374604722

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/30/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
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<p>Under Appeal Type B 09/01/2025 Section Cited CCR 87465(c)(2)</p>	<p>1 87465(c)(2) Incidental Medical and 2 Dental Care 3 Once ordered by the physician the 4 medication is given according to the 5 physician's directions. This requirement 6 was not met as evidenced by: 7</p>	<p>1 The licensee agreed to conduct in- 2 service training for staff on proper 3 medication administration. 4 Documentation of this training will be 5 submitted to CCL by the POC due date 6 9/1/2025. 7</p>
	<p>8 Based on observations and interviews 9 with staff and external sources, the 10 licensee failed to ensure medications 11 were administered as ordered. This 12 posed a potential health risk to 69 13 residents in care. 14</p>	
<p>Under Appeal Type B 09/01/2025 Section Cited CCR 87411(a)</p>	<p>1 87411(a) Personnel Requirements - 2 General 3 Facility personnel shall at all times be 4 sufficient in numbers and competent to 5 provide the services necessary to meet 6 resident needs. This requirement was 7 not met as evidenced by:</p>	<p>1 The licensee agreed to maintain 2 staffing levels sufficient to meet 3 resident needs and to provide in- 4 service training on resident service care 5 plan requirements. The facility will 6 submit a staffing plan and 7 documentation of the training 8 completed by the POC due date 9 9/1/2025.</p>
	<p>8 Based on interviews and observations, 9 the licensee failed to maintain a 10 sufficient number of staff to meet 11 residents' needs. This posed a potential 12 personal rights risk to 69 residents in 13 care. 14</p>	

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

NAME OF LICENSING PROGRAM MANAGER: Sabel Martinez NAME OF LICENSING PROGRAM ANALYST: Marisela Garcia-Centeno LICENSING PROGRAM ANALYST SIGNATURE:		DATE: 07/30/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 07/30/2025