

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604784
Report Date: 09/15/2025
Date Signed: 09/15/2025 03:34:08 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 **05/30/2025** and conducted by Evaluator Hannah Rodgers

PUBLIC	COMPLAINT CONTROL NUMBER: 08-AS-20250530115513
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FACILITY NAME: BAYSHIRE TORREY PINES	FACILITY NUMBER: 374604784
ADMINISTRATOR: JEREMY DANENHAUER	FACILITY TYPE: 741
ADDRESS: 13101 HARTFIELD AVE	TELEPHONE: (858) 259-2222
CITY: SAN DIEGO	ZIP CODE: 92130
CAPACITY: 125	DATE: 09/15/2025
MET WITH: Executive Director Jeremy Danenhauer	UNANNOUNCED TIME BEGAN: 03:30 PM
	TIME COMPLETED: 03:40 PM

ALLEGATION(S):

1	Staff did not administer medication as prescribed
2	Staff did not follow resident's care plan
3	Staff did not follow resident's modified diet
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Hannah Rodgers conducted a virtual visit, via video conference, to
2	deliver findings regarding the above complaint allegations. LPA introduced themselves and disclosed the
3	purpose of the visit to Executive Director Jeremy Danenhauer.
4	
5	On May 8, 2025, it was alleged that staff did not administer medication as prescribed, staff did not follow
6	resident's care plan, and staff did not follow resident's modified diet. It was alleged that Resident #1(R1)
7	was no longer receiving their diuretic medication as prescribed, and that staff were not applying an
8	ointment to treat a rash R1 had. It was also alleged that staff were not frequently checking on R1 during
9	their meals as stated in their care plan, and R1 received fried food which goes against their modified diet.
10	[See LIC811 Confidential Name List for identification of select person identifiers used in this report]. The
11	Department's investigation consisted of an unannounced facility visit, records review, and staff, resident,
12	and outside source interviews.
13	[CONTINUED ON LIC9099-C]

Unsubstantiated	Estimated Days of Completion:
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NAME OF LICENSING PROGRAM MANAGER: Lizzette Tellez
NAME OF LICENSING PROGRAM ANALYST: Hannah Rodgers
LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 09/15/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 09/15/2025

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

Control Number 08-AS-20250530115513

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <h2 style="text-align: center;">COMPLAINT INVESTIGATION REPORT (Cont)</h2>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108</p>
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FACILITY NAME: BAYSHIRE TORREY PINES **FACILITY NUMBER:** 374604784
VISIT DATE: 09/15/2025

NARRATIVE	
1	Review of R1's medical assessment records dated May 8, 2025, revealed that R1 required assistance
2	with All Activities of Daily Living (ADLs) except for feeding themselves and were non-ambulatory. Also,
3	according to R1's medical assessment they required a modified diet of mechanical soft and no added
4	salt. Review of R1's medications list revealed that R1's diuretic medication was discontinued by a
5	physician. Also, internal and external interviews did not reveal that R1 was not receiving their rash
6	ointment as prescribed.
7	
8	Review of R1's care plan dated May 18, 2025, revealed that R1 required frequent safety checks and
9	these checks would occur every two hours or as needed and R1 required escorts to and from the dining
10	room. Interviews corroborated that R1 did receive safety checks and was escorted to and from the
11	dining room. Interviews did not reveal that R1 received fried foods, nor did it reveal that R1's modified
12	diet was not followed. Due to R1's baseline memory loss they were unable to be used as a reliable
13	historian to aid in this investigation. Based on interviews and records review, the investigation did not
14	yield a preponderance of evidence to conclude that that staff did not administer medication as
15	prescribed, staff did not follow resident's care plan, and staff did not follow resident's modified diet.
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17	Based on the foregoing, the allegations are unsubstantiated. This finding means that although the
18	allegations may have happened or may be valid, there is not a preponderance of the evidence to prove
19	that the alleged violations occurred. An exit interview was conducted with Executive Director
20	Danenbauer, to whom a copy of this report and the Licensee/Appeal Rights (LIC9058 03/22) were
21	provided.
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NAME OF LICENSING PROGRAM ANALYST: Hannah Rodgers
LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 09/15/2025

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