

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604800
Report Date: 05/12/2026
Date Signed: 05/13/2026 12:52:39 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 **02/13/2026** and conducted by Evaluator Ramon Serrano

	COMPLAINT CONTROL NUMBER: 08-AS-20260213091516
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FACILITY NAME:	PACIFIC COAST ASSISTED LIVING	FACILITY NUMBER:	374604800
ADMINISTRATOR:	CRUZ, ALEENA	FACILITY TYPE:	740
ADDRESS:	1939 GRANGER AVE	TELEPHONE:	(619) 882-5003
CITY:	NATIONAL CITY	STATE:	CA
CAPACITY:	6	ZIP CODE:	91950
		DATE:	05/12/2026
		UNANNOUNCED TIME BEGAN:	11:05 AM
MET WITH:	America Cisneros	TIME COMPLETED:	02:15 PM

ALLEGATION(S):

1	Staff had sexual relations with resident
2	The facility is not providing adequate meals
3	The facility is not providing resident with anything to drink
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Ramon Serrano conducted an unannounced complaint visit to deliver complaint findings. LPA introduced himself and disclosed the purpose of the visit with Caregiver America Cisneros. LPA also spoke with Licensees Ray and Aleena Cruz via telephone.
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3	
4	
5	Community Care Licensing (CCL) has investigated the above allegations. The investigation consisted of LPA observations, records review, interviews with staff, residents and outside sources.
6	
7	
8	On 02/13/2026, Community Care Licensing (CCL) received a complaint containing three allegations regarding the facility: (1) staff had sexual relations with a resident, (2) the facility is not providing adequate meals, and (3) the facility is not providing the resident with anything to drink. The resident identified in the complaint is Resident 1 (R1).
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Robyn Clark

LICENSING EVALUATOR NAME: Ramon Serrano
LICENSING EVALUATOR SIGNATURE:

DATE: 05/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/12/2026

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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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
SAN DIEGO RO, 7575 METROPOLITAN DR. #109
SAN DIEGO, CA 92108

FACILITY NAME: PACIFIC COAST ASSISTED LIVING

FACILITY NUMBER: 374604800

VISIT DATE: 05/12/2026

NARRATIVE

- 1 On 02/12/2026, it was reported that R1 stated they had been sexually assaulted by the facility's
2 manager approximately two weeks earlier. It was also reported that R1 stated they were not being fed
3 well and were not receiving anything to drink. Documentation indicates that R1 has made various
4 allegations in the past, though none involving sexual assault. Following the report, R1 refused to return
5 to the facility and was placed on a 5150 psychiatric hold. R1 also expressed a desire for their out of
6 state family member to pick them up.
7
8 Documentation from an outside agency shows that R1 provided conflicting statements regarding when
9 the alleged incident occurred, stating it happened two weeks ago and also stating it occurred around
10 Halloween of 2025. R1 has documented cognitive impairments and a history of making false
11 statements. R1 described the alleged event as the facility manager entering their room, pushing them to
12 the floor, and assaulting them.
13
14 R1's family member was contacted and reported that R1 has made similar types of allegations in the
15 past when attempting to leave the facility. R1's family member stated they did not believe the accused
16 staff member would commit such an act. During a subsequent conversation, R1 stated they wanted to
17 leave the facility to live with their out of state family member. When informed this was not possible, R1
18 became upset and stated they would leave the facility on their own if returned there.
19
20 The staff member identified by R1 was interviewed and denied the allegation. They stated that R1 has
21 made untrue claims previously. Staff further reported that R1 shares a room with another resident, and
22 that the facility maintains an open door policy, which they stated would make it difficult for such an event
23 to occur without being observed.
24
25 Another individual familiar with R1's care was interviewed and stated they believed R1 was again
26 attempting to leave the facility. They confirmed that R1's roommate does not have cognitive impairments
27 and has not reported seeing or hearing anything unusual. They also stated that R1 is provided
28 appropriate care at the facility.
29
30 A review of R1's facility records shows diagnoses of dementia, episodes of confusion, and a history of
31 making false allegations. R1 also has several medical conditions, including frailty, malnutrition, mild
32 cognitive impairment, anxiety, and depression. R1 was admitted to the facility on 03/09/2025.

SUPERVISORS NAME: Robyn Clark

LICENSING EVALUATOR NAME: Ramon Serrano

LICENSING EVALUATOR SIGNATURE:

DATE: 05/12/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/12/2026

LIC9099 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
SAN DIEGO RO, 7575 METROPOLITAN DR. #109
SAN DIEGO, CA 92108

NARRATIVE	
1	
2	
3	To investigate the remaining allegations regarding meals and hydration, LPA conducted resident and
4	staff interviews and made in facility observations.
5	
6	Resident 2 (R2), who has lived at the facility for 4–5 months, stated their experience has been “good.”
7	R2 reported that staff provide them with three meals a day and snacks upon request. R2 stated the
8	meals are substantial and they “get enough to eat.” R2 also reported that staff provide them with drinks
9	throughout the day or whenever they request them.
10	
11	Resident 3 (R3), who has lived at the facility for 3–4 months, stated their experience at the facility has
12	been “pretty good.” When asked what they liked about the facility, R3 immediately stated “the food,”
13	describing it as good. R3 confirmed they are provided three meals per day, the meals contain “enough
14	food,” and that staff always provide “enough fluids” throughout the day.
15	
16	Staff 2 (S2), who has worked at the facility for over one year, stated that residents are provided three full
17	meals a day and snacks. S2 reported that meals are generally sugar free and/or heart healthy. Staff
18	stated the menu is changed daily to avoid repetition. Staff also reported that each resident has a water
19	bottle in their room that is refilled two to three times per day.
20	
21	During resident interviews, the LPA observed that each resident had a water bottle on a table near them.
22	
23	Based on interviews, record reviews, and observations, there is not sufficient evidence to support the
24	allegation that staff had sexual relations with a resident, nor the allegations that the facility failed to
25	provide adequate meals or fluids. Therefore, all three allegations are unsubstantiated. The report was
26	discussed, and an exit interview was conducted with America Cisneros. A copy of this report along with
27	Licensee/Appeal Rights (LIC9058 3/22) were provided to America Cisneros at the conclusion of the visit.
28	The signature below confirms the receipt of these documents.
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32	

SUPERVISORS NAME: Robyn Clark	
LICENSING EVALUATOR NAME: Ramon Serrano	
LICENSING EVALUATOR SIGNATURE:	DATE: 05/12/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/12/2026