

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604805
Report Date: 02/11/2026
Date Signed: 02/15/2026 04:13:26 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 **12/09/2024** and conducted by Evaluator Amy Rodgers

	COMPLAINT CONTROL NUMBER: 08-AS-20241209104430
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FACILITY NAME:	COMFORT & JOY LIVING	FACILITY NUMBER:	374604805
ADMINISTRATOR:	OKORO, KINGSLEY	FACILITY TYPE:	740
ADDRESS:	5711 BOUNTY STREET	TELEPHONE:	(619) 310-5802
CITY:	SAN DIEGO	STATE:	CA
CAPACITY:	6	ZIP CODE:	92120
		DATE:	02/11/2026
		UNANNOUNCED TIME BEGAN:	11:30 AM
MET WITH:	Llicensee/Administrator Klngsley Okoro,	TIME COMPLETED:	01:45 PM

ALLEGATION(S):

1	Staff are using a full bed rail for resident without a waiver/Physicians order
2	Staff are restraining a resident
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Amy Rodgers conducted an unannounced visit to deliver findings
2	regarding the above complaint allegations. The investigation included facility visits, interviews with staff,
3	residents, outside sources, and a review of facility records.
4	On December 09, 2024, the Community Care Licensing Division (CCLD) received a complaint alleging
5	that staff used a full bed rail for Resident #1 (R1) without a waiver or physician's order and that staff
6	restrained R1. Department records review and Interviews revealed R1 was admitted to Hospice on
7	November 8, 2024 and had orders for full bed rails. Documents and interview with OS1 further reveal
8	they observed R1 four (4) times in November 2025 and three(3) times in December and did not observe
9	consens of restraints either by R1 sitting in chair or while in bed. During LPA's visit on December 16,
10	2024, R1 was observed alert and seated in a recliner with no bed rails in use.
11	Based on interviews and records review, a preponderance of evidence did not exist to prove that the
12	alleged violations occurred. Therefore, the allegations were UNSUBSTANTIATED. An exit interview was
13	conducted with Llicensee/Administrator Klngsley Okoro, to whom a copy of this report and the
	Licensee/Appeal Rights (LIC9058 03/22) were provided.

Unsubstantiated

Estimated Days of Completion:

SUPERVISORS NAME: Simon Jacob

LICENSING EVALUATOR NAME: Amy Rodgers

LICENSING EVALUATOR SIGNATURE:

DATE: 02/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/11/2026

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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