

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604806
Report Date: 12/15/2025
Date Signed: 12/15/2025 03:59:41 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 **11/05/2025** and conducted by Evaluator Rebecca A Borunda

	COMPLAINT CONTROL NUMBER: 08-AS-20251105121404
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FACILITY NAME: EVEREST AT OCEANSIDE	FACILITY NUMBER: 374604806
ADMINISTRATOR: MCBRIDE, FERLINA	FACILITY TYPE: 740
ADDRESS: 3500 LAKE BLVD.	TELEPHONE: (760) 414-9411
CITY: OCEANSIDE	STATE: CA
CAPACITY: 175	ZIP CODE: 92056
	CENSUS: 115
MET WITH: Activities Director Karie Winchester	DATE: 12/15/2025
	UNANNOUNCED TIME BEGAN: 10:15 AM
	TIME COMPLETED: 12:40 PM

ALLEGATION(S):

1	Staff handled resident(s) in a rough manner
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Rebecca Borunda conducted an unannounced complaint visit to
2	conduct follow up and deliver findings regarding the above mentioned allegation. LPA was greeted by,
3	identified herself to, and explained the purpose of the visit and the basic elements of the complaint with
4	Activities Director Karie Winchester. Executive Director Jill McDonald arrived during the visit.
5	
6	During today's visit, LPA observed residents in care and interviewed residents and staff.
7	
8	The Department's investigation consisted of interviews with residents and staff, review of records, and a
9	tour of the facility. It was alleged that staff handled resident(s) in a rough manner. Review of staff
10	personnel records and interviews with staff revealed that in July 2025, Staff 1 (S1) attempted to redirect
11	Resident 1 (R1) during an behavioral episode and was observed to physically force R1 into a seated
12	position.
13	Continued on LIC9099-C page...

Substantiated	Estimated Days of Completion: 0
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SUPERVISORS NAME: Sabel Martinez

LICENSING EVALUATOR NAME: Rebecca A Borunda
LICENSING EVALUATOR SIGNATURE:

DATE: 12/15/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/15/2025

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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Control Number 08-AS-20251105121404

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 (Cont)

FACILITY NAME: EVEREST AT OCEANSIDE

FACILITY NUMBER: 374604806

VISIT DATE: 12/15/2025

NARRATIVE

1 Interviews with staff and review of staff personnel records revealed that S1 was temporarily placed on
 2 disciplinary leave while the facility conducted an internal investigation, and S1 ultimately received a
 3 written warning and retraining on abuse and providing incontinence care to residents. Interviews with
 4 staff and residents did not disclose any other incidents of rough handling by staff.
 5
 6 The Department has investigated the above-mentioned allegation and based on interviews and records
 7 review, the preponderance of the evidence has been met, therefore, this allegation is deemed
 8 substantiated. The following deficiency is cited per CA Code of Regulations Title 22 and noted on the
 9 attached LIC9099-D page.
 10
 11 An exit interview was conducted with Executive Director Jill McDonald, whose signature below confirms
 12 receipt of a copy of this report and the Licensee Appeal Rights (LIC9058 03/22).
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SUPERVISORS NAME: Sabel Martinez
LICENSING EVALUATOR NAME: Rebecca A Borunda
LICENSING EVALUATOR SIGNATURE:

DATE: 12/15/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/15/2025

LIC9099 (FAS) - (06/04)

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Control Number 08-AS-20251105121404

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 (Cont)

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 12/15/2025 Section Cited CCR 87468.1(a)(1)	1 (a) Residents in all residential care 2 facilities for the elderly shall have all of 3 the following personal rights: (1) To be 4 accorded dignity in their personal 5 relationships with staff, residents, and 6 other persons. 7 This requirement has not been met as evidenced by:	1 Executive Director stated that S1 2 received a written warning and 3 retraining on personal rights and abuse. 4 Executive Director provided LPA with a 5 copy of S1's updated training transcript 6 and written warning during the visit. 7 DEFICIENCY CLEARED.
	8 Based on interviews and records 9 review, the licensee did not comply with 10 the section cited above in that R1 was 11 physically forced to sit down, which 12 poses a potential personal rights risk to 13 115 of 115 residents. 14	8 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

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

SUPERVISORS NAME: Sabel Martinez
LICENSING EVALUATOR NAME: Rebecca A Borunda
LICENSING EVALUATOR SIGNATURE: _____
DATE: 12/15/2025

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FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 12/15/2025

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CITY: OCEANSIDE	ZIP CODE: 92056
CAPACITY: 175	DATE: 12/15/2025
MET WITH: Activities Director Karie Winchester	UNANNOUNCED TIME BEGAN: 10:15 AM
	TIME COMPLETED: 12:40 PM

ALLEGATION(S):

1 Staff yelled at resident
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INVESTIGATION FINDINGS:

1 Licensing Program Analyst (LPA) Rebecca Borunda conducted an unannounced complaint visit to
2 conduct follow up and deliver findings regarding the above mentioned allegation. LPA was greeted by,
3 identified herself to, and explained the purpose of the visit and the basic elements of the complaint with
4 Activities Director Karie Winchester. Executive Director Jill McDonald arrived during the visit.
5
6 During today's visit, LPA observed residents in care and interviewed residents and staff.
7
8 The Department's investigation consisted of interviews with residents and staff, review of records, and a
9 tour of the facility. It was alleged that staff yelled at resident. Interviews with residents did not disclose
10 any concerns about staff speaking inappropriately, cursing, yelling, or screaming. Staff interviews
11 revealed that some staff were reported to speak in a loud and excited manner, but clarified that staff did
12 not curse or speak in an angry, rude, or disrespectful tone.
13 Continued on LIC9099-C page...

Unsubstantiated Estimated Days of Completion: 0

SUPERVISORS NAME: Sabel Martinez
LICENSING EVALUATOR NAME: Rebecca A Borunda
LICENSING EVALUATOR SIGNATURE: **DATE:** 12/15/2025

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LIC9099 (FAS) - (06/04) Page: 4 of 5

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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: EVEREST AT OCEANSIDE **FACILITY NUMBER:** 374604806
VISIT DATE: 12/15/2025

NARRATIVE

1 Residents stated that staff were pleasant, considerate, and helpful and did not disclose any concerns or
2 complaints regarding staff interactions. Interviews with staff did not reveal any complaints of staff
3 behaviors or any staff that received disciplinary action for yelling or cursing towards residents.
4
5 The Department has investigated the above-mentioned allegation and based on interviews, the
6 preponderance of the evidence has not been met, therefore, this allegation is deemed unsubstantiated.
7
8 An exit interview was conducted with Executive Director Jill McDonald, whose signature below confirms
9 receipt of a copy of this report and the Licensee Appeal Rights (LIC9058 03/22).
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