

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 374604818  
Report Date: 11/24/2025  
Date Signed: 11/25/2025 09:18:24 AM

### 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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/20/2025** and conducted by Evaluator Angelica Boyles

	<b>COMPLAINT CONTROL NUMBER: 08-AS-20251020091351</b>
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<b>FACILITY NAME:</b> EPIC ASSISTANCE CARE HOME 4	<b>FACILITY NUMBER:</b> 374604818
<b>ADMINISTRATOR:</b> MESDJIAN, LIZA	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 1061 E BRADLEY AVE	<b>TELEPHONE:</b> (818) 220-0282
<b>CITY:</b> EL CAJON	<b>STATE:</b> CA
<b>CAPACITY:</b> 15	<b>ZIP CODE:</b> 92021
<b>MET WITH:</b> Administrator Silvana Huerta	<b>CENSUS:</b> 11/24/2025
	<b>UNANNOUNCED TIME BEGAN:</b> 09:00 AM
	<b>TIME COMPLETED:</b> 12:12 PM

#### ALLEGATION(S):

1	Facility is not meeting resident needs.
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#### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Angelica Boyles conducted an unannounced visit to the facility to
2	deliver investigative findings regarding the above mentioned allegation. LPA identified herself, explained
3	the purpose of the visit and nature of the complaint to Administrator Silvana Huerta.
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5	On October 20, 2025 the Department received this complaint which alleged the facility is not meeting
6	Resident #1's (R1) needs. Specifically, that R1's needs are not being met due to their wheelchair not
7	fitting through the interior doorways of the facility. [See LIC811 Confidential Name List for a description of
8	select person identifiers used in this report.] The Department's investigation included a facility tour,
9	record reviews, as well as interviews with residents, staff and outside sources.
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11	(Continued on LIC9099-C)
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<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Simon Jacob

LICENSING EVALUATOR NAME: Angelica Boyles  
LICENSING EVALUATOR SIGNATURE:

DATE: 11/24/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/24/2025

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-20251020091351

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: EPIC ASSISTANCE CARE HOME 4

FACILITY NUMBER: 374604818

VISIT DATE: 11/24/2025

## NARRATIVE

1 (Continued from LIC9099)

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Per interview with R1, before being admitted to the facility, the dimensions of the wheelchair were taken and facility staff told R1 that their wheelchair would not fit through the interior doorway into the hallway, but could exit exterior doorway to outside and access other parts of the facility by entering through the front or back door. An interview with facility staff corroborated having this discussion with R1 prior to being admitted to the facility. Per interview with R1, this has not impacted their needs being met. Additionally, R1 and facility staff reported R1 was expected to get a new wheelchair with dimensions that would allow passage through interior doorways. Additionally, during a subsequent unannounced visit, LPA observed R1 in the new wheelchair able to go through the interior doorways of the facility.

The Department has investigated the allegation that the facility is not meeting R1's needs. Based upon the information obtained during this investigation, it is determined that the preponderance of evidence was not met to support or corroborate this allegation and therefore deemed unsubstantiated.

An exit interview was conducted with Administrator Silvana Huerta, to whom a copy of this report and the Licensee's Rights (LIC9058 01/16) were provided.

SUPERVISORS NAME: Simon Jacob

LICENSING EVALUATOR NAME: Angelica Boyles

LICENSING EVALUATOR SIGNATURE:

DATE: 11/24/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/24/2025

LIC9099 (FAS) - (06/04)

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