

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 374604820  
Report Date: 09/15/2025  
Date Signed: 09/15/2025 07:10:13 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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **09/11/2025** and conducted by Evaluator Debbie Correia

	<b>COMPLAINT CONTROL NUMBER: 08-AS-20250911142556</b>
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<b>FACILITY NAME:</b> NEW WORLD VILLA SOUTH	<b>FACILITY NUMBER:</b> 374604820
<b>ADMINISTRATOR:</b> CHEN, ZAYDEN	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 14125 TARZANA RD	<b>TELEPHONE:</b> (858) 748-2888
<b>CITY:</b> POWAY	<b>ZIP CODE:</b> 92064
<b>CAPACITY:</b> 6	<b>DATE:</b> 09/15/2025
<b>MET WITH:</b> Staff, April Magat	<b>UNANNOUNCED TIME BEGAN:</b> 09:40 AM
	<b>TIME COMPLETED:</b> 02:20 PM

### ALLEGATION(S):

1	Facility is unsanitary.
2	Facility is understaffed.
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### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Debbie Correia conducted an unannounced visit to open a complaint
2	investigation. LPA Correia was greeted by Caregiver April Magat, identified herself, and stated the
3	purpose of the visit.
4	
5	The Department's investigation included staff interviews, and resident and staff records reviews.
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7	On September 11, 2025, the Department received a complaint that the facility was unsanitary.
8	Specifically, it was alleged the facility has a cockroach infestation in the kitchen. A tour of the facility
9	kitchen revealed several dead and alive roaches in the kitchen cupboards.
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<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
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**NAME OF LICENSING PROGRAM MANAGER:** Robyn Clark  
**NAME OF LICENSING PROGRAM ANALYST:** Debbie Correia  
**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 5  
**Control Number** 08-AS-20250911142556

<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:** NEW WORLD VILLA SOUTH **FACILITY NUMBER:** 374604820  
**VISIT DATE:** 09/15/2025

NARRATIVE	
1	It was also alleged that the facility is understaffed. During today's visit Staff 1 (S1) was the only staff
2	present to provide all care and meals for five (5) residents, at the time of LPA's arrival. An interview with
3	S1 revealed their main role was working as kitchen staff, however, was capable of providing care for the
4	residents. S1 also disclosed their shift (today) began at 7:00 am. and ends at 6:00 pm., Staff 2 (S2)
5	starts their shift at 8:00 am., who is trained to assist with insulin, however due to car issues did not arrive
6	until 11:30 am., S1 revealed Resident 1 (R1) usually wakes up between 8:30 am. and 9:00 am., upon
7	waking up R1 typically will have assistance to test their blood sugar level to determine if administration
8	of insulin is needed, prior to breakfast. Today, due to S1 not being trained to assist R1 did not receive
9	their testing/injection.
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11	Based on Staff interviews, and record reviews, the complaint allegations were determined to be
12	SUBSTANTIATED. A substantiated finding means the preponderance of evidence was met to prove the
13	above listed allegations were met.
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15	An exit interview was conducted with Staff Magat and a copy of this report along with Licensee/Appeal
16	Rights (LIC 9058 03/22) will be provided at the conclusion of the visit.
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**NAME OF LICENSING PROGRAM ANALYST:** Debbie Correia  
**LICENSING PROGRAM ANALYST SIGNATURE:** \_\_\_\_\_  
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**DATE:** 09/15/2025

LIC9099 (FAS) - (06/04) Page: 2 of 5  
**Control Number** 08-AS-20250911142556

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION
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**COMPLAINT INVESTIGATION REPORT  
(Cont)**

SAN DIEGO RO, 7575 METROPOLITAN DR. #109  
SAN DIEGO, CA 92108

**FACILITY NAME:** NEW WORLD VILLA SOUTH  
**DEFICIENCY INFORMATION FOR THIS PAGE:**

**FACILITY NUMBER:** 374604820  
**VISIT DATE:** 09/15/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 09/16/2025 Section Cited CCR 87411(a)	1 Personnel Requirements - General. 2 Facility personnel shall ... be sufficient 3 in numbers, and competent to provide 4 the services... to meet resident needs... 5 The licensing agency may require any 6 facility to provide additional staff 7 whenever... the extent of services provided, or the physical arrangements of the facility require such additional staff for ... adequate services. This requirement was not met as evidenced by:	1 Administrator agreed to have all staff scheduled to attend CCL approved training. 2 Administrator will provide proof of 3 completion by POC due date and 4 completion of training by Friday, 5 September 19, 2025. 6 7 Administrator will send CCL proof by POC due date.
	8 Based on staff interviews and record 9 reviews they did not have adequate 10 staff to meet Resident 1 (R1) needs. 11 12 This posed an immediate health risk to 13 one out of five (5) residents in care. 14	8 9 10 11 12 13 14
Type B 11/12/2025 Section Cited CCR 87303(a)(1)	1 (a) The facility shall be clean, safe, 2 sanitary and in good repair at all times. 3 Maintenance shall include provision of 4 maintenance services...for... well-being 5 of residents...(1) Floor surfaces ...and 6 kitchen areas shall be maintained in a 7 clean, sanitary...condition. This requirement was not as evidenced by:	1 Administrator agreed to have pest control company service the facility, 2 requiring all items to removed from 3 kitchen cabinets and residents to be 4 relocated for the duration of time 5 specified by the company 6 Administrator will send CCL proof of 7 completion by POC due date.
	8 Based on LPA observations the facility 9 kitchen had dead, as well as alive 10 pests, in the kitchen cupboards. 11 12 This posed a potential health and 13 personal rights risk to five (5) residents 14 in care.	8 9 10 11 12 13 14

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

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**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_ **DATE:** 09/15/2025

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**FACILITY NUMBER:** 374604820

**ADMINISTRATOR:** CHEN, ZAYDEN  
**ADDRESS:** 14125 TARZANA RD  
**CITY:** POWAY  
**CAPACITY:** 6

**STATE:** CA  
**CENSUS:** 5  
**UNANNOUNCED**

**FACILITY TYPE:** 740  
**TELEPHONE:** (858) 748-2888  
**ZIP CODE:** 92064  
**DATE:** 09/15/2025  
**TIME BEGAN:** 09:40 AM  
**TIME COMPLETED:** 02:20 PM

**MET WITH:** Staff April Magat

**ALLEGATION(S):**

1	Licensee did not ensure Hospice resident's needs are met.
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Debbie Correia conducted an unannounced visit to open a complaint
2	investigation. LPA Correia was greeted by Caregiver April Magat, identified herself, and stated the
3	purpose of the visit.
4	
5	The Department's investigation included staff interviews and resident record reviews.
6	
7	On September 11, 2025, the Department received a complaint that alleged the Licensee did not ensure
8	Hospice needs were met for Resident 1 (R1). Specifically, it was alleged the facility did not seek medical
9	attention for R1's catheter that staff observed in need of maintenance/changing.
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11	Based on Staff interviews, and record reviews, the complaint allegation was determined to be
12	UNSUBSTANTIATED. An substantiated finding means the preponderance of evidence was not met to
13	prove the above listed allegation were met.
An exit interview was conducted with Staff Magat and a copy of this report along with Licensee/Appeal Rights (LIC 9058 03/22) will be provided at the conclusion of the visit.	

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**VISIT DATE:** 09/15/2025

NARRATIVE	
1	Staff interviews and resident records reviews revealed staff notified R1's hospice agency of the issue
2	and subsequently the hospice agency staff removed R1's catheter.
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4 Based on interviews and record reviews the above listed allegation was determined Unsubstantiated.  
5 This finding means the preponderance of evidence standard was not met.

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7 An exit interview was conducted with Staff Magat and a copy of this report along with Licensee/Appeal  
8 Rights (LIC 9058 03/22) will be provided at the conclusion of the visit.  
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