

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604820
Report Date: 03/04/2026
Date Signed: 03/04/2026 09:23:07 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 **10/29/2025** and conducted by Evaluator Debbie Correia

	COMPLAINT CONTROL NUMBER: 08-AS-20251029155337
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FACILITY NAME: NEW WORLD VILLA SOUTH	FACILITY NUMBER: 374604820
ADMINISTRATOR: CHEN, ZAYDEN	FACILITY TYPE: 740
ADDRESS: 14125 TARZANA RD	TELEPHONE: (858) 748-2888
CITY: POWAY	STATE: CA
CAPACITY: 6	ZIP CODE: 92064
MET WITH: Caregiver Vicky Bayani	DATE: 03/04/2026
	UNANNOUNCED TIME BEGAN: 01:15 PM
	TIME COMPLETED: 03:00 PM

ALLEGATION(S):

1	Personal Rights
2	Licensee did not address theft
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Correia conducted an unannounced visit to conclude a complaint
2	investigation. Upon arrival, LPA was greeted by Caregiver Bayani, identified herself, was granted entry
3	into the facility, and explained the purpose of the visit.
4	
5	The Department's investigation included interviews with staff and outside sources, as well as a review of
6	facility and external records.
7	
8	On October 29, 2025, the Department received a complaint alleging theft by a staff member (S1)
9	involving a resident (R1) and the facility's dedicated iPhone. It was further alleged that the facility
10	Administrator (ADM) and Licensee were aware of the thefts but failed to take sufficient action to address
11	the ongoing abuse.
12	
13	[Continued of LIC 9099C]

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Robyn Clark

LICENSING EVALUATOR NAME: Debbie Correia
LICENSING EVALUATOR SIGNATURE:

DATE: 03/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/04/2026

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

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: NEW WORLD VILLA SOUTH

FACILITY NUMBER: 374604820

VISIT DATE: 03/04/2026

NARRATIVE

1 [Continuation of LIC 9099]
2

3 On November 5, 2025, the Department visited the facility and interviewed R1, who stated that the
4 incident occurred approximately two months earlier. According to R1, the bracelet had been placed on a
5 nightstand next to their recliner at approximately 9:00 p.m., but the following morning it was missing. R1
6 believed the bracelet had been taken and later returned four days afterward by S1. The Department
7 subsequently interviewed S1, who acknowledged awareness of both the missing bracelet and the
8 missing facility phone but denied involvement in the disappearance of either item. S1 also claimed not to
9 know how the items were eventually located.
10

11 The Department interviewed three additional staff members (S2, S3, and S4) who were working during
12 the period of the alleged thefts. S2 and S3 reported that items began disappearing after S1 was hired.
13 S2 believed the facility's iPhone had been taken by S1, as S1 was the only staff member on shift when
14 the phone went missing. Staff also reported other missing items, including jewelry and debit cards,
15 following shifts worked by S1. S4 disclosed that they personally observed the facility's red iPhone at
16 S1's residence and believed it had been given to S1's landlord (OS1) as payment for past-due rent. OS1
17 was interviewed and confirmed that S1 had provided them with a red phone as collateral. The phone
18 was later given to S4, who returned it to the facility. OS1 also reported that S1 was subsequently evicted
19 for being two months behind on rent.
20

21 On November 5, 2025, the Department interviewed ADM, who admitted being aware of the thefts. ADM
22 stated that after learning of the missing items, they informed all staff that if the facility phone and jewelry
23 were not returned by October 21, 2025, law enforcement would be contacted. ADM reported that on
24 October 20, 2025, S1 called and confessed to taking R1's bracelet. ADM met S1 in a public location to
25 retrieve the bracelet and returned it to R1. S4 also located and retrieved the missing phone from S1's
26 landlord. It should be noted that the phone had been reported missing two months before S4's
27 employment began.
28

29 [Continued on LIC 9099C]
30
31
32

SUPERVISORS NAME: Robyn Clark

LICENSING EVALUATOR NAME: Debbie Correia

LICENSING EVALUATOR SIGNATURE:

DATE: 03/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/04/2026

LIC9099 (FAS) - (06/04)

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Control Number 08-AS-20251029155337

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)

NARRATIVE

1 [Continuation of LIC 9099C]
 2
 3
 4 Upon being notified of the Department's investigation on November 5, 2025, ADM sent S1 a text
 5 message notifying them of termination.
 6
 7 On November 6, 2025, the Department received screenshots of text messages between ADM and
 8 facility staff confirming ADM's awareness of the thefts and the ultimatum given to staff to come forward.
 9 During ADM's interview, they explained that they were new to the business and unfamiliar with all
 10 regulatory requirements. ADM stated they attempted to give S1 a second chance based on personal
 11 cultural values. ADM assumed operational responsibilities in May 2025 after negotiating a contract with
 12 the Licensee. A review of facility records confirmed that an application for Change of Ownership
 13 (CHOW) was submitted on September 19, 2025, but had not yet been approved. Therefore, the
 14 Licensee remained the legal owner and responsible for the facility's compliance with all applicable laws
 15 and regulations.
 16
 17 On December 16, 2025, the Department interviewed the Licensee (LIC), who stated that the business
 18 had been sold to ADM in May 2025, at which time "day-to-day operational control" was transferred. LIC
 19 acknowledged being the "licensee of record" but denied any knowledge of S1 or the thefts.
 20
 21 A review of records obtained on November 6, 2025, included a private text message exchange between
 22 ADM and LIC containing screenshots of a red phone. ADM asked, "Is this the phone?" LIC responded,
 23 "It doesn't matter to me anymore. That phone and phone number is off our account." LIC then provided
 24 an IMEI number, which indicated a match for the IMEI of the facility's stolen phone.
 25
 26 [Continued on LIC 9099C]
 27
 28
 29
 30
 31
 32

SUPERVISORS NAME: Robyn Clark
LICENSING EVALUATOR NAME: Debbie Correia
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 03/02/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 03/02/2026

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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: NEW WORLD VILLA SOUTH **FACILITY NUMBER:** 374604820
VISIT DATE: 03/04/2026

NARRATIVE

1 [Continuation of LIC 9099C]
 2
 3
 4 Based on interviews and records reviewed, a preponderance of evidence indicates that on or before
 5 October 20, 2025, S1 committed thefts within the facility, including stealing a resident's \$2,000 bracelet
 6 and the facility's iPhone. Interviews with ADM and staff (S2-S4), along with record review, further
 7 corroborated that facility management was aware of the thefts as of October 20, 2025. Per Health &
 8 Safety Code §1569.153, reports are to be made to local law enforcement within 36 hours when the
 9 administrator of the facility has reason to believe resident property with a then current value of one
 10 hundred dollars (\$ 100) or more has been stolen. Despite this, ADM did not meet mandated reporting
 11 requirements or take action to protect residents until being notified of the Department's investigation on
 12 November 5, 2025, at which point ADM sent S1 a text message to terminate their employment.
 13

14 On November 7, 2025, the Department issued and served an immediate exclusion order prohibiting S1's
 15 employment or presence in any state-licensed facility or Home Care Organization (HCO). [See LIC 811
 16 for Confidential Names]

18 Based on observation, interview and record review, the preponderance of evidence standard has been
 19 met and both allegations are substantiated. Deficiencies were cited in accordance with Chapter 8,
 20 Division 6 of the California Code of Regulations and are listed on the attached LIC 9099(d).

22 An exit interview was conducted with Caregiver Bayani. A copy of this report, along with the LIC
 23 9099(d) and Licensee Appeal Rights (LIC 9058) was provided to Caregiver Bayani and emailed to
 24 Licensee at the conclusion of the visit. Signature below confirms receipt.

SUPERVISORS NAME: Robyn Clark
LICENSING EVALUATOR NAME: Debbie Correia
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 03/04/2026

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FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 03/04/2026

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
 COMMUNITY CARE LICENSING DIVISION
 SAN DIEGO RO, 7575 METROPOLITAN DR. #109
 SAN DIEGO, CA 92108

FACILITY NAME: NEW WORLD VILLA SOUTH **FACILITY NUMBER:** 374604820
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 03/04/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 03/05/2026 Section Cited CCR 87468.2(a)(8)	1 87468.2 Additional Personal Rights of 2 Residents in Privately Operated 3 Facilities (a)...residents in privately 4 operated residential care facilities for 5 the elderly shall have all of the following 6 personal rights: (8) To be free from 7 neglect, financial exploitation...and abuse. This Requirement was not met as evidenced by:	1 Per the Administrator (ADM) and the 2 Department's investigation The ADM 3 terminated S1 on November 5, 2025. 4 Deficiency Is cleared. 5 6 7
	8 Based on record review and interview, 9 one staff member (S1) took a resident's 10 bracelet valued at \$2,000. This posed 11 an immediate personal rights risk to 1 12 of 5 (R1) residents in care. 13 14	8 9 10 11 12 13 14
Type A 03/05/2026 Section Cited CCR 87468.2(a)(25)	1 87468.2 Additional Personal Rights of 2 Residents in Privately Operated 3 Facilities (a) In addition ...residents in 4 privately operated residential care 5 facilities for the elderly shall have all of 6 the following personal rights: (25) To 7 protection of their property from theft or loss according to Health and Safety	1 The ADM revealed they attended a 2 CCL approved training regarding 3 Personal Rights post initiation of the 4 investigation. The Licensee and care 5 staff are in process of attendance. 6 Certificate of completion will be 7 provided by the POC due date.

Code sections 1569.152, 1569.153, and 1569.154.

This requirement was not met as evidenced by:

8	Based on record review and interview,	8
9	the licensee did not file a law	9
10	enforcement report within 36 hours of	10
11	learning that care staff (S1) stole a	11
12	\$2,000 bracelet from a resident (R1).	12
13	This posed an immediate personal	13
14	rights risk to 5 of 5 residents in care.	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.

SUPERVISORS NAME: Robyn Clark

LICENSING EVALUATOR NAME: Debbie Correia

LICENSING EVALUATOR SIGNATURE:

DATE: 03/02/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/02/2026