

Department of  
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604831  
Report Date: 01/22/2026  
Date Signed: 01/22/2026 02:34:27 PM

Unsubstantiated

|                                                        |                                                                                                                                                  |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>SAN DIEGO RO, 7575 METROPOLITAN DR. #109<br>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 01/07/2026 and conducted by Evaluator Angelica Boyles

|  |                                                |
|--|------------------------------------------------|
|  | COMPLAINT CONTROL NUMBER: 08-AS-20260107163509 |
|--|------------------------------------------------|

|                |                             |                  |                      |
|----------------|-----------------------------|------------------|----------------------|
| FACILITY NAME: | ASSISTED LIVING AT WOODBURN | FACILITY NUMBER: | 374604831            |
| ADMINISTRATOR: | ESSERY, RICHARD             | FACILITY TYPE:   | 740                  |
| ADDRESS:       | 1727 WOODBURN ST            | TELEPHONE:       | (858) 263-5626       |
| CITY:          | EL CAJON                    | STATE: CA        | ZIP CODE: 92021      |
| CAPACITY:      | 6                           | CENSUS: 5        | DATE: 01/22/2026     |
|                |                             | UNANNOUNCED      | TIME BEGAN: 08:31 AM |
| MET WITH:      | Administrator Sandy Wilson  | TIME COMPLETED:  | 02:32 PM             |

ALLEGATION(S):

|   |                                                    |
|---|----------------------------------------------------|
| 1 | Staff does not esure facility is free of mold.     |
| 2 | Staff does not ensure facility is free of garbage. |
| 3 | Staff does not ensure facility is in good repair.  |
| 4 |                                                    |
| 5 |                                                    |
| 6 |                                                    |
| 7 |                                                    |
| 8 |                                                    |
| 9 |                                                    |

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 allegations. LPA identified herself, explained        |
| 3  | the purpose of the visit and nature of the complaint to Administrator Sandy Wilson.                                |
| 4  |                                                                                                                    |
| 5  | On January 7, 2026 the Department received this complaint which alleged that staff does not ensure                 |
| 6  | facility is free of mold, staff does not ensure facility is free of garbage, and staff does not ensure facility is |
| 7  | in good repair. The Department’s investigation included a facility tour, as well as interviews with residents      |
| 8  | and staff.                                                                                                         |
| 9  |                                                                                                                    |
| 10 | (Continued on LIC9099-C)                                                                                           |
| 11 |                                                                                                                    |
| 12 |                                                                                                                    |
| 13 |                                                                                                                    |

|                 |                               |
|-----------------|-------------------------------|
| Unsubstantiated | Estimated Days of Completion: |
|-----------------|-------------------------------|

|                               |
|-------------------------------|
| SUPERVISORS NAME: Simon Jacob |
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|                                                                                                         |                  |
|---------------------------------------------------------------------------------------------------------|------------------|
| LICENSING EVALUATOR NAME: Angelica Boyles                                                               |                  |
| LICENSING EVALUATOR SIGNATURE:                                                                          | DATE: 01/22/2026 |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received. |                  |
| FACILITY REPRESENTATIVE SIGNATURE:                                                                      | DATE: 01/22/2026 |

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 2  
**Control Number 08-AS-20260107163509**

|                                                        |                                                                                                                                                  |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
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| <b>COMPLAINT INVESTIGATION REPORT<br/>(Cont)</b>       |                                                                                                                                                  |

|                                                   |                                   |
|---------------------------------------------------|-----------------------------------|
| <b>FACILITY NAME:</b> ASSISTED LIVING AT WOODBURN | <b>FACILITY NUMBER:</b> 374604831 |
|                                                   | <b>VISIT DATE:</b> 01/22/2026     |

| NARRATIVE |                                                                                                                 |
|-----------|-----------------------------------------------------------------------------------------------------------------|
| 1         | (Continued from LIC9099)                                                                                        |
| 2         |                                                                                                                 |
| 3         | Regarding the allegation that staff does not ensure facility is free of mold, during two unannounced            |
| 4         | visits, LPA toured the interior and exterior of the facility and inspected each room as well as all of the      |
| 5         | windows and doors. LPA did not observe any mold nor were there any malodors suggesting mold was                 |
| 6         | present. Interviews with staff and residents did not report observing of mold in the facility or having any     |
| 7         | concerns.                                                                                                       |
| 8         |                                                                                                                 |
| 9         | Regarding the allegation staff does not ensure facility is free of garbage, during two unannounced visits,      |
| 10        | LPA toured the interior and exterior of the facility. LPA did not observe any garbage throughout the            |
| 11        | facility. Garbage was observed to be contained inside appropriate garbage receptacles. Interviews with          |
| 12        | staff and residents did not report any concerns regarding there being garbage throughout the facility.          |
| 13        |                                                                                                                 |
| 14        | Regarding the allegation that staff does not ensure facility is in good repair, during two unannounced          |
| 15        | visits, LPA toured the interior and exterior of the facility and inspected each room. The facility was clean,   |
| 16        | sanitary, and in good repair. LPA did not observe any leaks or anything that was indicative of the facility     |
| 17        | being in disrepair. Interviews with staff and residents did not report observing the facility in disrepair, nor |
| 18        | having any concerns regarding the state of the facility.                                                        |
| 19        |                                                                                                                 |
| 20        | The Department has investigated the above mentioned allegations. Based upon interviews and LPA                  |
| 21        | observations during this investigation, it is determined that the preponderance of evidence was not met         |
| 22        | to support or corroborate these allegations and therefore deemed unsubstantiated. An exit interview was         |
| 23        | conducted with Administrator Sandy Wilson, to whom a copy of this report and the Licensee's Rights              |
| 24        | (LIC9058 01/16) were provided.                                                                                  |
| 25        |                                                                                                                 |
| 26        |                                                                                                                 |
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| 29        |                                                                                                                 |
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| 32        |                                                                                                                 |

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|---------------------------------------------------------------------------------------------------------|------------------|
| <b>SUPERVISORS NAME:</b> Simon Jacob                                                                    |                  |
| <b>LICENSING EVALUATOR NAME:</b> Angelica Boyles                                                        |                  |
| LICENSING EVALUATOR SIGNATURE:                                                                          | DATE: 01/22/2026 |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received. |                  |
| FACILITY REPRESENTATIVE SIGNATURE:                                                                      | DATE: 01/22/2026 |