

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 300613239
Report Date: 09/03/2026
Date Signed: 09/03/2026 02:05:25 PM

COMPREHENSIVE INSPECTION

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
FACILITY EVALUATION REPORT	

FACILITY NAME:	ACCENT ON SENIORS	FACILITY NUMBER:	300613239
ADMINISTRATOR/DIRECTOR:	SHARON WILLIAMS	FACILITY TYPE:	740
ADDRESS:	273 VIA BALLENA	TELEPHONE:	(949) 361-2093
CITY:	SAN CLEMENTE	STATE:	CA
CAPACITY:	6	ZIP CODE:	92672
TYPE OF VISIT:	Required - 1 Year	CENSUS:	5
		DATE:	09/03/2026
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	11:40 AM
MET WITH:	Ray Lasquite and Shay Williams	TIME VISIT/INSPECTION COMPLETED:	02:25 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Kimberly Lyman conducted an unannounced visit to Accent on
2	Seniors. The purpose of today's visit was to conduct the Annual Required inspection. LPA was allowed
3	entry into the facility and explained the reason for the visit. Facility is licensed for 6 non-ambulatory
4	residents. Facility has an approved hospice waiver for 2 residents and the home currently has 2
5	residents on hospice. Administrator/ Licensee Shay Williams arrived during the visit. Administrator Shay
6	Williams has an administrator certificate valid until 01/31/2028.
7	LPA Lyman along with Administrator Ray Lasquite toured the facility at 12:00 PM. LPA toured the
8	physical plant, checked food service, first aid kit and reviewed records. Facility appears to be clean,
9	safe, and sanitary. The home consists of six resident bedrooms, 1 common restroom, 3 resident
10	restrooms, living room, dining room, and kitchen. Resident bedrooms had the required furniture, bed
11	linens and closet/drawer space to accommodate each resident comfortably. LPA observed two residents
12	with bed rails. Resident bathrooms were checked. Toilets and water faucets worked properly, grab bars
13	were secure and shower was free of mold/mildew. Water temperature measured between 114 and 115.7
14	degrees F in all facility restrooms. Resident bath towels, toiletries and personal hygiene supplies were
15	adequately stocked at time of visit. Common areas were clean and clear of hazards, doorways were free
16	of obstructions. Auditory exit alarms were operational during today's visit. First aid kit had all the
17	elements including thermometer, tweezers and scissors. LPA observed toxins are secured during
18	today's visit. Kitchen was inspected. Perishable and non-perishable food supply was checked and
19	adequately stocked at time of visit. LPA observed protective mechanisms on the cook top knobs. Smoke
20	detectors and Carbon Monoxide detectors tested operational during today's visit. Fire extinguishers are
21	fully charged. Kitchen appliances are operational during today's visit. LPA toured the outside grounds
22	and there is ample shaded seating for residents. Exit gates are unlocked and self latching. CONT ON
23	LIC809-C DATED 09/03/2026
24	
25	



DATE: 09/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/03/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

California Health & Human Services Agency

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California Department of Social Services

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: ACCENT ON SENIORS

FACILITY NUMBER: 300613239

VISIT DATE: 09/03/2026

NARRATIVE	
1	LPA observed emergency food and water supply. LPA reviewed the emergency disaster plan and plan is
2	thorough and complete. Facility provided documentation of last fire drill conducted on 04/30/2026.
3	Facility provides activities in the form of exercise and games. LPA reviewed five resident files and three
4	staff files. Resident files contained required documents including admission agreements, physician
5	reports and resident appraisals. Staff files reviewed contained required documentation as well as CPR
6	training, criminal record clearance and required annual training. One out of three staff do not have proof
7	of training in the file. LPA reviewed medication storage and administration. Medications are stored in a
8	locked closet. Medications appear to be administered per physician order and facility uses a medication
9	administration record.
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12	Licensee to forward a copy of liability insurance and an updated LIC 500 to LPA by 09/17/2026.
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18	Based on the observations made during today's visit, deficiency is being cited per Title 22 Division 6 of
19	the California Code of Regulations. This report was discussed with the facility representative and a copy
20	was provided.
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NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz	
NAME OF LICENSING PROGRAM ANALYST: Kimberly Lyman	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 09/03/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/03/2026

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FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** ACCENT ON SENIORS**FACILITY NUMBER:** 300613239**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 09/03/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 09/17/2026 Section Cited CCR 87412(c)	1 Licensees shall maintain in the 2 personnel records verification of 3 required staff training and orientation. 4 This req is not met as evidenced by: 5 6 7	1 Licensee to ensure proof of training is 2 in the file and forward proof to LPA by 3 POC due date. 4 5 6 7
	8 Based on record review, Licensee failed 9 to ensure Staff 2 had proof of training in 10 the file which poses a potential health 11 and safety risk to residents in care. 12 13 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.

NAME OF LICENSING PROGRAM	Alisa Ortiz
MANAGER:	
NAME OF LICENSING PROGRAM	Kimberly Lyman
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 09/03/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 09/03/2026