

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005619
Report Date: 07/30/2026
Date Signed: 07/30/2026 01:05:55 PM

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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:	COASTAL SENIOR LIVING	FACILITY NUMBER:	306005619
ADMINISTRATOR/AHMAD ALI		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(949) 538-6547
ADDRESS:	27202 PASEO PEREGRINO	ZIP CODE:	92675
CITY:	SAN JUAN CAPISTRANO	STATE:	CA
CAPACITY:	6	CENSUS:	3
TYPE OF VISIT:	Required - 1 Year	DATE:	07/30/2026
		UNANNOUNCED TIME VISIT/INSPECTION	09:40 AM
		BEGAN:	
MET WITH:	Ahmad Ali	TIME VISIT/INSPECTION	01:25 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Kimberly Lyman conducted an unannounced visit to Coastal Senior
2	Living. 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, of which one may be bedridden. Facility has an approved hospice waiver for four residents
5	and there are no residents on hospice care during today's visit. Administrator Ahmad Ali has an
6	administrator certificate valid until 05/04/2028. Upon entry, facility appears clean, safe and sanitary.
7	Administrator Ali arrived during the visit.
8	LPA toured the facility at 9:58 AM along with Caregiver Anthony Clet. LPA toured the physical plant,
9	checked food service, first aid kit and reviewed records. Facility is a two story home with 5 bedrooms, 5
10	bathrooms, living room, family room, dining room, kitchen, laundry room and an attached 2 car garage.
11	The first floor consists of the family room, laundry room, 3 bedrooms and 3 bathrooms and the garage.
12	The garage is kept locked and used for storage. The second floor consists of 2 bedrooms, 2 bathrooms,
13	the living room, dining room and kitchen. Resident bedrooms had the required furniture, bed linens and
14	closet/drawer space to accommodate each resident comfortably. LPA observed two residents with half
15	bed rails. Resident restrooms were checked. Toilets and water faucets worked properly, grab bars were
16	secure and shower was free of mold/mildew. Water temperature measured between 92.8 and 119.1
17	degrees F in all facility restrooms. Resident bath towels, toiletries and personal hygiene supplies were
18	adequately stocked at time of visit. Common areas were clean and clear of hazards, doorways were free
19	of obstructions. LPA observed the first aid kit with all the elements including thermometer, tweezers and
20	scissors. Kitchen was inspected. Perishable and non-perishable food supply was checked and
21	adequately stocked at time of visit. Smoke detectors and carbon monoxide detectors tested operational.
22	Fire extinguisher is fully charged. The outside grounds were toured and there is ample shaded seating
23	for residents. Exit gate is unlocked and operational. CONTINUED ON LIC 9099C DATED 07/30/2026
24	
25	

Alisa Ortiz
Kimberly Lyman

DATE: 07/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/30/2026

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

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.

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

FACILITY NAME: COASTAL SENIOR LIVING

FACILITY NUMBER: 306005619

VISIT DATE: 07/30/2026

NARRATIVE	
1	Emergency food was observed. The emergency disaster plan was reviewed during the visit. Plan is
2	thorough and complete. Facility provided documentation of last fire drill conducted on 06/25/2026 and
3	drills are conducted quarterly. Facility provides activities in the form of exercise and games. LPA
4	reviewed resident and staff files. Resident files contained required documents including admission
5	agreements, physician reports and resident appraisals. Two out of two residents with bed rails do not
6	have physician orders for bed rails. Staff files reviewed contained required documentation of medical
7	clearance, training and criminal record clearance. LPA reviewed medication storage and administration.
8	Medications are stored in a locked cabinet. LPA observed staff are taking blood pressure for one
9	resident with parameter medication orders. None of the staff are skilled professionals. Medications
10	appear to be administered per physician order.
11	
12	Licensee to forward an updated LIC 500 and LIC 308 to LPA by close of business July 31, 2026.
13	
14	Based on the observations made during today's visit, deficiencies are being cited per Title 22 division 6
15	of the California Code of Regulations. An exit interviewed was conducted and a copy of the report along
16	with appeal rights 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: 07/30/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/30/2026

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FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** COASTAL SENIOR LIVING**FACILITY NUMBER:** 306005619**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 07/30/2026**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	CCR	87608(a)(3)	
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Postural Supports

(a) Based on the individual's preadmission appraisal, and subsequent changes to that appraisal, the facility shall provide assistance and care for the resident in those activities of daily living which the resident is unable to do for himself/herself. Postural supports may be used under the following conditions: (3) A written order from a physician indicating the need for the postural support shall be maintained in the resident's record. The licensing agency shall be authorized to require other additional documentation if needed to verify the order.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on record review, the licensee did not comply with the section cited above in two out of two residents with bed rails who do not have physician orders for the rails which poses/posed a potential health, safety or personal rights risk to persons in care.
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	POC Due Date: 08/13/2026
	Plan of Correction
1	Licensee to obtain physician orders and forward proof to LPA by POC due date.
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		Section Cited			
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	Deficient Practice Statement
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	POC Due Date:
	Plan of Correction
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2	
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4	

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 MANAGER:	Alisa Ortiz
NAME OF LICENSING PROGRAM ANALYST:	Kimberly Lyman
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 07/30/2026
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FACILITY NUMBER: 306005619

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/30/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type A	Section Cited	CCR	87411(h)	
All services requiring specialized skills shall be performed by personnel qualified by training or experience in accordance with recognized professional standards.					
This requirement is not met as evidenced by:					
Deficient Practice Statement					
1	Based on record review, the licensee did not comply with the section cited above. Non-licensed facility				
2	staff are performing blood pressure checks for parameter medications for R3's Propranolol 10mg which				
3	poses an immediate health, safety or personal rights risk to persons in care.				
4					
POC Due Date: 07/31/2026					
Plan of Correction					
1	Licensee to discontinue parameter medication and forward proof to LPA by POC due date.				
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4					

	Section Cited				
Deficient Practice Statement					
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2					
3					
4					
POC Due Date:					
Plan of Correction					
1					
2					
3					
4					

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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