

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306006584
Report Date: 03/18/2026
Date Signed: 03/18/2026 01:16:44 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
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FACILITY NAME:	SEVILLE OF SAN CLEMENTE, THE	FACILITY NUMBER:	306006584
ADMINISTRATOR/ENDERT, ROGER		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(760) 382-3463
ADDRESS:	2421 CALLE FRONTERA	STATE:	CA
CITY:	SAN CLEMENTE	ZIP CODE:	92673
CAPACITY:	130	CENSUS:	70
TYPE OF VISIT:	Case Management - Incident	DATE:	03/18/2026
		UNANNOUNCED TIME VISIT/INSPECTION	12:31 PM
		BEGAN:	
MET WITH:	Heather O'Neill, Roger Endert and Jessica Hong	TIME VISIT/INSPECTION	01:45 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Kimberly Lyman conducted an unannounced case management visit
2	to follow up on an incident report submitted to Licensing on March 17, 2026. LPA was greeted and
3	granted entry into the facility and explained the reason for the visit.
4	
5	Upon entry into the facility, LPA observed floor construction and the area adjacent to the dining room
6	taped off (photo). Staff indicate replacement of floor tiles had been going on for about two weeks. The
7	department did not receive notification of construction, time frame for work or impact on resident safety.
8	
9	Incident report dated 03/13/2026 indicated that a credit card was opened in the name of Resident 1 (R1)
10	and purchases had been made and delivered to the facility. LPA interviewed R1's spouse who provided
11	conflicting information regarding the situation. R1's family member had advised facility of intent to file a
12	police report but facility is unsure as to whether the report was filed. Facility investigation remains
13	ongoing.
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19	Based on the observations made during today's visit, deficiency is being cited per Title 22 Division 6 of
20	the California Code of Regulations. This report was discussed with the facility representative and a copy
21	was provided as well as appeal rights.
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23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz
NAME OF LICENSING PROGRAM ANALYST: Kimberly Lyman

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 03/18/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 03/18/2026**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.

LIC809 (FAS) - (09/23)

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Created By: Kimberly Lyman On 03/18/2026 at 12:38 PM
Link to Parent Document Below:

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


FACILITY NUMBER: 306006584

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/18/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 04/01/2026 Section Cited CCR 87211(a)(1)(D)	1 Each licensee shall furnish to the 2 licensing agency such reports...(1)A 3 written report shall be submitted to the 4 licensing agency..Any incident which 5 threatens the welfare, safety or health 6 of any resident..This requirement is not 7 met as evidenced by:	1 Licenee to forward the construction 2 plan including time frame and impact to 3 residents to LPA by POC due date. 4 5 6 7
	8 Based on observation, Licensee failed 9 to ensure floor construction was 10 reported to the department which poses 11 a potential health and safety risk to 12 residents in care. 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: 03/18/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

A rectangular box intended for a signature. In the top-left corner, there is a small icon of a broken image, indicating that the signature image failed to load or is missing.

DATE: 03/18/2026