

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 370804788

Report Date: 12/08/2025

Date Signed: 12/08/2025 12:45:31 PM

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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
FACILITY EVALUATION REPORT	

FACILITY NAME:	CASA EL CAJON	FACILITY NUMBER:	370804788
ADMINISTRATOR/DIRECTOR:	REBECCA RAYO	FACILITY TYPE:	740
ADDRESS:	306 SHADY LANE	TELEPHONE:	(619) 440-1335
CITY:	EL CAJON	STATE:	CA
CAPACITY:	99	ZIP CODE:	92021
TYPE OF VISIT:	Required - 1 Year	CENSUS:	89
		DATE:	12/08/2025
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	08:21 AM
MET WITH:	Administrator Rebecca Rayo	TIME VISIT/INSPECTION COMPLETED:	12:43 PM

NARRATIVE

1 Licensing Program Analysts (LPA) Angelica Boyles, made an unannounced visit to conduct the required
2 One Year Inspection to ensure substantial compliance with Title 22 regulations. LPA identified herself,
3 stated the purpose of the visit, and was granted entry into the facility by Administrator Rebecca Rayo.
4
5 This facility is licensed to serve ninety-nine residents sixty and above; of which twenty-two may be non-
6 ambulatory.
7
8 LPA and Administrator toured the interior and exterior of the facility and inspected rooms at random. The
9 facility was clean, sanitary, and in good repair. Pathways were free of obstruction and slip hazards.
10 resident's bedrooms contained the required furnishings. Doors, windows, screens, toilets, and showers
11 were in working order. Extra linens and hygiene supplies were present. The facility had sufficient space
12 and equipment to facilitate dining, laundry, visitation, meetings, and client activities.
13
14 The facility is operating in accordance with their fire clearance. The smoke and carbon monoxide alarms
15 were present in the building. Emergency lighting, and facility telephone were all working. First aid kits
16 were complete and readily accessible. Required licensing postings were observed in visible areas of the
17 facility. No pools or bodies of water exist on the premises. Per Administrator, no firearms or ammunition
18 are kept at the facility.
19
20
21 [CONTINUED ON LIC 809-C]
22
23
24
25

NAME OF LICENSING PROGRAM MANAGER: Simon Jacob
NAME OF LICENSING PROGRAM ANALYST: Angelica Boyles

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 12/08/2025

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 12/08/2025

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 FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
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FACILITY NAME: CASA EL CAJON

FACILITY NUMBER: 370804788

VISIT DATE: 12/08/2025

NARRATIVE	
1	[CONTINUED FROM LIC 809]
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3	The facility has a 2 day supply of perishable food and a 7 day supply of nonperishable food items. The
4	food supply is replenished frequently by outside vendors. Food was observed to be properly labeled.
5	The food service area was observed to be clean and sanitary. Food menus and activities schedule were
6	posted. Centrally stored medications were properly stored and locked in medication carts inside a
7	locked medication room.
8	
9	LPA reviewed staff and resident records. Records reviewed contained the required documentation.
10	Administrator's certification is current. LPA reviewed the theft and loss policy and procedures. LPA
11	conducted a review of In-service training procedures. LPA interviewed staff and was assured
12	transportation procedures as well as outside medical and dental assistance procedure are compliant.
13	
14	No deficiencies were observed or cited during today's visit.
15	
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17	An exit interview was conducted with Administrator Rayo to whom copies of this report, Licensee/Appeal
18	Rights (LIC9058 03/22), was provided at the conclusion of the visit.
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NAME OF LICENSING PROGRAM MANAGER: Simon Jacob	
NAME OF LICENSING PROGRAM ANALYST: Angelica Boyles	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 12/08/2025
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 12/08/2025