

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 371881362
Report Date: 10/15/2024
Date Signed: 10/15/2024 12:46:24 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
FACILITY EVALUATION REPORT	

FACILITY NAME: GOLDEN SUNSET VILLA SENIOR LIVING	FACILITY NUMBER: 371881362
ADMINISTRATOR/LU, MARK	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 1995 SUNSET DRIVE	TELEPHONE: (858) 397-8381
CITY: ESCONDIDO	STATE: CA
CAPACITY: 6	ZIP CODE: 92025
TYPE OF VISIT: Required - 1 Year	CENSUS: 4
	DATE: 10/15/2024
	UNANNOUNCED TIME VISIT/INSPECTION BEGAN: 08:48 AM
MET WITH: Licensee/ Administrator, Mark Lu	TIME VISIT/INSPECTION COMPLETED: 11:15 AM

NARRATIVE	
1	Licensing Program Analyst (LPA) Kathleen Banrasavong arrived unannounced to conduct an annual
2	inspection. Upon arrival LPA was greeted by facility staff and granted entry. LPA began inspection with
3	introduction and visit purpose. Upon arrival LPA learned that four (4) residents live at this facility. There
4	was two (2) staff members present. The Licensee/ Administrator, Mark Lu and Administrator, Marisa Lu
5	were advised of the annual and came to conduct and completed the facility tour.
6	
7	Client Records/Incident Reports/Clients Rights Information: LPA reviewed client records. Four (4)
8	records were reviewed. LPA reviewed for identification and emergency information, admission
9	agreement, medical assessment, and TB test results, needs and service plans, placement, functional
10	assessment, centrally stored medication/destruction records, safeguard for personal property/valuables,
11	and personal rights notification.
12	
13	Personnel Records/Training/ Staffing/ Administration: LPA reviewed employee records. Two (2)
14	records were reviewed. LPA reviewed employee records for first aid certification, criminal record
15	clearance or an exemption, health screening and TB test results, employee rights, training verification,
16	and current administrative organization. Marisa Lu, Administrator's certificate expiration date was
17	08/09/2025.
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NAME OF LICENSING PROGRAM MANAGER: Jazmond D Harris

NAME OF LICENSING PROGRAM ANALYST: Kathleen Banrasavong
LICENSING PROGRAM ANALYST SIGNATURE:  **DATE:** 10/15/2024

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

FACILITY REPRESENTATIVE SIGNATURE:  **DATE:** 10/15/2024

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27
	RIVERSIDE, CA 92507

FACILITY NAME: GOLDEN SUNSET VILLA SENIOR LIVING **FACILITY NUMBER:** 371881362
VISIT DATE: 10/15/2024

NARRATIVE

1 **Food Service:** Food prep areas are clean and organized. Food supply meets the requirement of one (1)
2 week supply of nonperishable and two (2) day supply of perishables. Emergency food and water supply
3 is present. There is a locked location for sharps in the kitchen.
4

5 **Physical Plant and Safety of Environment/Operational Requirements:** LPA toured the facility inside
6 and outside. LPA observed the facility to be clean and in good repair. The facility is maintained at 74
7 degrees for the client's comfort. Lighting is sufficient for safety. Water temperature measured 108.0
8 degrees F. Laundry is done in the laundry room. There is a locked location for storing laundry soap,
9 cleaning supplies and chemicals in the closet in the garage. All outdoor and indoor passageways are
10 free of obstruction. Emergency lighting is available. There is a telephone working at this location. LPA
11 dialed the facility's landline number, which rang and was operable. The LIC 610, emergency disaster
12 plan is maintained. There are no firearms at this facility. There is one (1) secured fireplace at this facility.
13 There are zero (0) pools at the facility. There are two (2) secured gates that has a self-latching lock
14 located on the northwest and northeast sides of the house. LPA observed emergency supplies and two
15 (2) first aid kit. The last emergency fire drill was conducted on 10/01/2024.
16

17 **Infection Control:** The LPA observed the hand washing stations in the facility restrooms and kitchen
18 had hand hygiene supplies and hand washing signs. LPA observed PPE equipment and cleaning
19 supplies to do regular cleaning of the facility. LPA reviewed the facility's infection control plan which met
20 department requirements. LPA reviewed staff records and found that staff had infection control training.
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NAME OF LICENSING PROGRAM MANAGER: Jazmond D Harris
NAME OF LICENSING PROGRAM ANALYST: Kathleen Banrasavong
LICENSING PROGRAM ANALYST SIGNATURE:  **DATE:** 10/15/2024

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

FACILITY REPRESENTATIVE SIGNATURE:  **DATE:** 10/15/2024

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** GOLDEN SUNSET VILLA SENIOR LIVING**FACILITY NUMBER:** 371881362**VISIT DATE:** 10/15/2024**NARRATIVE**

1 **Medications/Health Related Services/Incidental Medical Services:** The medications are centrally
2 stored. There is a locked cabinet allocated for medication storage. Centrally stored medication and
3 destruction logs are maintained separately. LPA reviewed medication logs and observed that they were
4 dispensed accurately.
5

6 LPA made observation throughout the inspection process to assess if the facility remains in conformity
7 with the State Fire Marshall regulations. LPA observed nine (9) smoke detectors and one (1) single
8 carbon monoxide detectors throughout the facility. There was one (1) fire extinguishers on site, date
9 charged was 06/10/2024.
10

11 Pursuant to Title 22 of The California Code of Regulations Division 6, there are zero (0) deficiencies
12 observed. An exit interview was conducted, this LIC 809 was reviewed with, and a copy of this report
13 was provided to the Licensee/ Administrator, Mark Lu and Administrator, Marisa Lu.
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NAME OF LICENSING PROGRAM MANAGER: Jazmond D Harris**NAME OF LICENSING PROGRAM ANALYST:** Kathleen Banrasavong**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 10/15/2024

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FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 10/15/2024