

FACILITY EVALUATION REPORT

Facility Number: 371881517  
Report Date: 06/18/2024  
Date Signed: 06/18/2024 02:30:01 PM

Document Has Been Signed on 06/18/2024 02:30 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 744 P STREET, MS 9-14-8201 SACRAMENTO, CA 95814	
FACILITY EVALUATION REPORT			
FACILITY NAME: VISTA GARDENS MEMORY CARE		FACILITY NUMBER:	371881517
ADMINISTRATOR/GONZALEZ, JEFF		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	1863 DEVON PLACE	TELEPHONE:	(760) 295-3900
CITY:	VISTA	STATE: CA	ZIP CODE: 92084
CAPACITY:	99	CENSUS:	DATE: 06/18/2024
TYPE OF VISIT:	Office	ANNOUNCED	TIME VISIT/INSPECTION
			BEGAN: 02:00 PM
			TIME VISIT/INSPECTION
			COMPLETED: 02:20 PM
MET WITH: Jeff Gonzalez			

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: CHOW
3	Capacity: 99
4	Census (if any clients in care): 84
5	COMP II Participants: Jeff Gonzalez
6	Interview Method: Telephone interview
7	
8	
9	
10	On June 18, 2024, applicant/administrator participated in COMP II. Identification of the
11	applicant and administrator was verified through interview questions based on photo ID and
12	other identifying personal information. During COMP II, applicant and administrator
13	confirmed that they have read and understand community care facility licensing laws
14	included in the Health and Safety Codes and the California Code of Regulations Title 22.
15	Signed LIC 809 with copy of photo ID have been obtained.
16	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
17	following areas:
18	
19	1. Facility operation: License type, client/resident populations, and program
20	
21	
22	2. Medications/Transportation/Admin backup
23	
24	
25	3. Pre Licensing inspection readiness

NAME OF LICENSING PROGRAM MANAGER: Julia Kim
--

**NAME OF LICENSING PROGRAM ANALYST:** Dianne Ramos

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 06/18/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 06/18/2024

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