

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 371881670
Report Date: 08/25/2026
Date Signed: 08/25/2026 03:38:17 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:	BEAUTIFUL SUNSETS ASSISTED LIVING	FACILITY NUMBER:	371881670
ADMINISTRATOR/RICHARDSON, HENRY		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	3324 RYAN DRIVE	TELEPHONE:	(909) 645-4998
CITY:	ESCONDIDO	STATE: CA	ZIP CODE: 92025
CAPACITY: 6		CENSUS: 0	DATE: 08/25/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	02:50 PM
		BEGAN:	
MET WITH:	Angelique Richardson - Licensee	TIME VISIT/INSPECTION	03:45 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA), Robert Campbell arrived at the facility unannounced to conduct the Required Annual Inspection and met with the Angelique Richardson - Licensee. The facility file review was conducted in the Regional Office and additional forms were reviewed and requested on site. The facility is licensed for six (6) Elderly Adults and is currently operating with zero (0) Residents. The facility is currently wanting to accept Residents at this time. No Staff were present at time of visit. Licensee will contact Community Care Licensing upon accepting Residents to live in the facility.
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7	LPA toured the facility along with Licensee, and inspected the facility inside and outside, and there were no obstructions or debris to the indoor or outdoor passageways at the time of this visit. The facility is a single-story home with five (5) bedrooms, and three (3) bathrooms. Physical Plant: Facility phone number is (909) 645-4998 and it is operable. The LPA observed the residents' bedrooms, and each was equipped with required furniture as per Title 22. LPA inspected facility bathrooms to be clean and in good repair. The bathrooms were clean, and appliances were operating appropriately currently at the time of this visit. The facility is equipped with operating smoke detectors, carbon monoxide alarms, and fire extinguishers. Medications: No medications were available to review at visit. Food Service: Perishable food supply is sufficient per regulations, and there are a variety of food types available for residents. Dishes and utensils were in sufficient supply and stored properly.
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Jazmond D Harris	
Robert Campbell	

DATE: 08/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/25/2026

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
	RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27
	RIVERSIDE, CA 92507

FACILITY NAME: BEAUTIFUL SUNSETS ASSISTED LIVING **FACILITY NUMBER:** 371881670
VISIT DATE: 08/25/2026

NARRATIVE	
1	Continued.....
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3	Care & Supervision: No supervision was needed at the time of visit. Records Review: No record
4	review was needed regarding Residents or Staff at time of visit.
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6	An exit interview was conducted, and a copy of this report was discussed and given to Angelique
7	Richardson - Licensee.
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NAME OF LICENSING PROGRAM MANAGER: Jazmond D Harris	
NAME OF LICENSING PROGRAM ANALYST: Robert Campbell	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/25/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/25/2026