

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 371881692
Report Date: 06/06/2025
Date Signed: 06/06/2025 10:50:19 AM

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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: TUSCAN HILLS SENIOR LIVING	FACILITY NUMBER: 371881692
ADMINISTRATOR/ALSPACH, DAVID	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 3141 E VALLEY PARKWAY	TELEPHONE: (760) 884-6050
CITY: ESCONDIDO	STATE: CA
CAPACITY: 94	CENSUS: 0
TYPE OF VISIT: Prelicensing	ANNOUNCED
	DATE: 06/06/2025
	TIME VISIT/INSPECTION BEGAN: 09:04 AM
MET WITH: David Alspach, Executive Director	TIME VISIT/INSPECTION COMPLETED: 11:00 AM

NARRATIVE	
1	On 06/06/25 Licensing Program Analyst (LPA) Javina George arrived at the facility announced to
2	conduct a prelicensing inspection. LPA met with Executive Director David Alpasch and Sean McGuirk
3	Community Relations Director whom accompanied LPA throughout today's inspection.
4	The applicant has applied for (10) ambulatory and (84) non ambulatory residents age 60 and over, with
5	an approved hospice waiver for ten (10). On 05/13/25 the Escondido Fire Department granted a fire
6	clearance with a delayed egress. The facility is multi level structure consisting of the following:
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8	Upon entry to the facility- ground level (lobby, front desk, bistro, resident mailboxes, and staff offices.
9	
10	First floor-library, hair salon, gym and courtyard with a grill, pizza oven, fire pit, and assisted living
11	apartments. The apartments have a kitchenette, roll in shower, equipped with grab bars, pull cords and
12	adequate lighting.
13	
14	Second floor-consists of locked memory care unit with resident apartments, that consists of a bedroom
15	and bathroom equipped with grab bars. In the shared bedroom, there is a Jack and Jill style bathroom.
16	There are two (2) activity rooms one room is for board games, and puzzles, and the other activity room
17	is for arts and crafts, two (2) medication rooms one for assisted living residents and the other for the
18	memory care residents. On the memory care side there is a courtyard with garden boxes to encourage
19	gardening. The medications are stored locked medication carts, and the facility will be utilize an
20	electronic Medication Authorization Record (MAR). The staff and resident files will be stored in the
21	business office manager's office. Third floor consists of the kitchen, tavern, theater, dining room, private
22	dining room and outdoor dining area.
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25	

NAME OF LICENSING PROGRAM MANAGER: Anthony Perez

NAME OF LICENSING PROGRAM ANALYST: Javina George

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/06/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/06/2025

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	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: TUSCAN HILLS SENIOR LIVING

FACILITY NUMBER: 371881692

VISIT DATE: 06/06/2025

NARRATIVE	
1	as well as assisted living apartments. The facility was observed to have solar panels, required postings,
2	and combined smoke and carbon monoxide detectors, as well as multiple fully charged fire
3	extinguishers on every floor. The facility was observed to have a sufficient food supply of 2 day of
4	perishable and a 7-day supply of nonperishable food items. The emergency disaster supplies are stored
5	in a storage room on ground level.
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7	The facility was evaluated in accordance with the California Code of Regulations (CCR), Title 22
8	Chapter 8, Division 6. The applicant successfully completed COMP III orientation on 06/10/25. Based on
9	the observations and evaluation of the facility this date, the facility's ready for licensure.
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11	An exit interview was conducted, and a copy of this report was provided to Executive Director David
12	Alspach.
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NAME OF LICENSING PROGRAM MANAGER: Anthony Perez	
NAME OF LICENSING PROGRAM ANALYST: Javina George	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 06/06/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/06/2025
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