

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 372000641
Report Date: 08/27/2025
Date Signed: 08/27/2025 01:23:22 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:	WHITE SANDS LA JOLLA	FACILITY NUMBER:	372000641
ADMINISTRATOR/SMART, SHELLY DIRECTOR:		FACILITY TYPE:	741
ADDRESS:	7450 OLIVETAS AVE	TELEPHONE:	(858) 454-4201
CITY:	LA JOLLA	STATE: CA	ZIP CODE: 92037
CAPACITY:	299	CENSUS: 247	DATE: 08/27/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	08:45 AM
MET WITH:	Shelly Smart Executive Director	BEGAN: TIME VISIT/INSPECTION	01:30 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analysts (LPAs) Arian Golbakhsh and Jose De La Cruz conducted an unannounced
2	Required Annual Inspection. The facility file was reviewed prior to the visit. LPAs were welcomed by and
3	discussed the purpose of the visit to Executive Director Shelly Smart (SS). The facility's license shows a
4	maximum capacity of 299 non-ambulatory residents, ages 60 and above. During today's inspection
5	there were 247 residents in care.
6	
7	LPAs and SS toured the interior and exterior of the facility and inspected a sample of occupied and
8	unoccupied rooms. The facility was clean, sanitary, and in good repair. Pathways were free of
9	obstruction and slip hazards. Client bedrooms contained the required furnishings. Doors, windows,
10	screens, toilets, and showers were in working order. LPAs observed a variety of activities offered and
11	residents participating. Extra linens and hygiene supplies were present, as well as Personal Protective
12	Equipment. The facility had sufficient space and equipment to facilitate dining, laundry, visitation,
13	meetings, and client activities. The facility contained at least 2 days of perishable food, and at least 7
14	days non-perishable food, all safely stored. Cooking, dining equipment, and utensils were present.
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16	(Continued on LIC809-C)
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NAME OF LICENSING PROGRAM MANAGER: Robyn Clark

NAME OF LICENSING PROGRAM ANALYST: Jose DeLaCruz

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/27/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/27/2025

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
	SAN DIEGO RO, 7575 METROPOLITAN DR. #109
	SAN DIEGO, CA 92108

FACILITY NAME: WHITE SANDS LA JOLLA

FACILITY NUMBER: 372000641

VISIT DATE: 08/27/2025

NARRATIVE	
1	(continued from LIC809)
2	A medtech provided walk through on proper medication procedures. No toxic chemicals or poisons were
3	accessible to clients. Medications were labeled, as required, and stored in locked areas. A pool does
4	exist on the premises, LPA's ensured that the perimeter was locked and secured. Per executive director
5	SS, any assisted living residents with access to the pool are accompanied by staff. Per SS, no firearms
6	or ammunition are kept at the facility. Carbon monoxide detectors, emergency lighting, and facility
7	telephone were all in working order. Facility will follow up with fire inspection records via email. Fire
8	extinguishers were serviced within the last 12 months. First aid kits were complete and readily
9	accessible. Required licensing postings were observed in visible areas of the facility.
10	
11	LPAs interviewed two staff members and one client, and reviewed facility records. The files reviewed by
12	LPAs contained required documents. Confidential records were stored in locked areas.
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14	No deficiencies were cited during the inspection. An exit interview was conducted with SS to whom a
15	copy of this report and the Licensee/Appeal Rights (LIC9058) were provided.
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NAME OF LICENSING PROGRAM MANAGER: Robyn Clark	
NAME OF LICENSING PROGRAM ANALYST: Jose DeLaCruz	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/27/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/27/2025
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