

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 372004738

Report Date: 12/15/2025

Date Signed: 12/15/2025 05:43:48 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:	CANYON VILLAS	FACILITY NUMBER:	372004738
ADMINISTRATOR/BOLLER, VONDA DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	4282 BALBOA AVENUE	TELEPHONE:	(858) 273-1306
CITY:	SAN DIEGO	STATE: CA	ZIP CODE: 92117
CAPACITY:	133	CENSUS: 91	DATE: 12/15/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 08:20 AM
MET WITH:	Executive Nursing Coordinator Ileen Lund	TIME VISIT/INSPECTION	COMPLETED: 05:50 PM

NARRATIVE

1 Licensing Program Analyst (LPA) Jose De La Cruz made an unannounced visit to conduct a Required
2 Annual Inspection. The facility file was reviewed prior to the visit. LPA was welcomed by, identified
3 themselves to, and discussed the purpose of the visit with Executive Nursing Coordinator Ileen Lund
4 (ENC). The facility's license shows a maximum capacity of 133 non-ambulatory elderly residents ages
5 60 and above, 16 of whom might be bedridden and a hospice waiver for 16 residents.
6
7 LPA and ENC toured the interior and exterior of the facility and inspected different rooms in the three
8 floors of the facility, which was clean, sanitary, and in good repair. Pathways were free of obstruction and
9 slip hazards. Client bedrooms contained the required furnishings. Doors, windows, screens, toilets, and
10 showers were in working order.
11
12 Extra linens and hygiene supplies were present, as well as Personal Protective Equipment. The facility
13 had sufficient space and equipment to facilitate dining, laundry, visitation, meetings, and client activities.
14 The facility contained at least 2 days of perishable food, and at least 7 days non-perishable food, all
15 safely stored. Cooking, dining equipment, and utensils were present. No toxic chemicals or poisons
16 were accessible to clients.
17
18 Medications were labeled, as required, and stored in locked areas. While reviewing the medication room
19 LPA observed that the medication for a specific client was not dispensed, and it was registered as
20 dispensed, with no refusal notes on the electronic MAR. No pools, bodies of water or fireplaces exist on
21 the premises. Per ENC, no firearms or ammunition are kept at the facility. Carbon monoxide detectors,
22 emergency lighting, and facility telephone were all in working order.
23
24
25 [CONTINUED ON LIC 809-C]

NAME OF LICENSING PROGRAM MANAGER: Robyn Clark
NAME OF LICENSING PROGRAM ANALYST: Jose DeLaCruz



DATE: 12/15/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/15/2025

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 FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
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FACILITY NAME: CANYON VILLAS

FACILITY NUMBER: 372004738

VISIT DATE: 12/15/2025

NARRATIVE

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>[CONTINUED FROM LIC809]</p> <p>Fire extinguishers were serviced within the last 12 months. First aid kit was complete and readily accessible. Required licensing postings were observed in visible areas of the facility.</p> <p>LPA interviewed staff and clients, and reviewed facility records. The files reviewed by LPA contained required documents. Confidential records were stored in locked areas.</p> <p>One deficiency was cited per California Code of Regulations, Title 22 (refer to the LIC809-D page). No Civil Penalties were assessed. Plan of Correction was jointly developed with the staff responsible. An exit interview was conducted with Director of Human Resources Mari Perez, to whom a copy of this report, the LIC 809-D pages, and the Licensee/Appeal Rights (LIC9058 03/22) were provided during today's visit.</p>
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NAME OF LICENSING PROGRAM MANAGER: Robyn Clark NAME OF LICENSING PROGRAM ANALYST: Jose DeLaCruz LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 12/15/2025
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 12/15/2025
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Created By: Jose DeLaCruz On 12/15/2025 at 05:34 PM
Link to Parent Document Below:

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: CANYON VILLAS

FACILITY NUMBER: 372004738

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 12/15/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

Type B

Section Cited

CCR

87465(d)(3)

Incidental Medical and Dental Care Services

(d) If the resident is unable to determine his/her own need for a prescription or nonprescription PRN medication, and is unable to communicate his/her symptoms clearly, facility staff designated by the licensee, shall be permitted to assist the resident with self-administration, provided all of the following requirements are met: (3) The date and time the PRN medication was taken, the dosage taken, and the resident's response shall be documented and maintained in the resident's facility record.

This requirement is not met as evidenced by:

Deficient Practice Statement

1 Based on observation and record review, the licensee did not comply with the section cited above in one
2 out of 91 residents which poses/posed a potential health and safety/ rights risk to persons in care.
3
4

POC Due Date: 01/02/2026

Plan of Correction

1 Executive Nursing Coordinator Ileen Lund will find out the person responsible of the mistake and
2 communicate further action to be taken within the POC due date.
3
4

Section Cited

Deficient Practice Statement

1
2
3
4

POC Due Date:

Plan of Correction

1
2
3
4

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM
MANAGER:

Robyn Clark

NAME OF LICENSING PROGRAM
ANALYST:

Jose DeLaCruz

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/15/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/15/2025