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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374600378
Report Date: 08/03/2026
Date Signed: 08/03/2026 01:54:07 PM

COMPREHENSIVE INSPECTION

Document Has Been Signed on 08/03/2026 01:54 PM **- It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507

FACILITY NAME:	CYPRESS COURT ESCONDIDO		FACILITY NUMBER:	374600378
ADMINISTRATOR/ DIRECTOR:	ROB JOHNSTON		FACILITY TYPE:	740
ADDRESS:	1255 N. BROADWAY		TELEPHONE:	(760) 747-1940
CITY:	ESCONDIDO	STATE: CA	ZIP CODE:	92026
CAPACITY: 293		CENSUS: 164	DATE:	08/03/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	10:15 AM
MET WITH:	Tamia Dupree, Executive Director		TIME VISIT/ INSPECTION COMPLETED:	01:55 PM

NARRATIVE

On 8/3/26, Licensing Program Analyst (LPA) Kyle Wellington arrived unannounced to conduct an annual inspection. LPA met with Executive Director (ED), Tania Dupre, who was informed of the purpose of the visit. LPA received a staff roster and resident roster from ED. There were 87 staff members and 164 residents at the facility. Facility has a fire clearance for 293 non-ambulatory residents where three (3) can be bedridden in rooms 124, 144, 228, 230, 238, or 240. Facility was granted a hospice waiver for ten (10) residents. LPA toured the inside and outside of the facility with Business Office Manager (BOM), Collette Escalante. LPA conducted an observation and record review for the inspection.

Facility Overview: Facility is a four story building for assisted living residents. Front desk, administrative offices and a parking garage were on the ground floor. Kitchen, dining room, mail room, chapel, library, activity room, art studio, salon, family room and common areas were on the 1st floor. A gym was on the 2nd floor. There are no pools or bodies of water at the facility.

Infection Control: LPA observed hand sanitizers and soap dispensers throughout the facility. Cleaning equipment and cleaning supplies were kept in locked rooms on each floor available for regular facility maintenance. LPA reviewed the facility's infection control plan which met the department's requirements.

Physical Plant: LPA observed the inside and outside of the facility to be clean, safe and well kept. The floors, windows and doors were clean and well maintained. The furniture was in good repair. Bedrooms had the required lighting and furniture. Bathrooms had grab bars and non-slip floors in the showers. Incontinence and cleaning supplies were kept in locked rooms on each floor inaccessible to residents. There were two (2) laundry rooms on each floor except the 4th floor which has one (1) laundry room. Laundry equipment appeared to be in good working condition. There was a central outdoor area that contained outdoor furniture

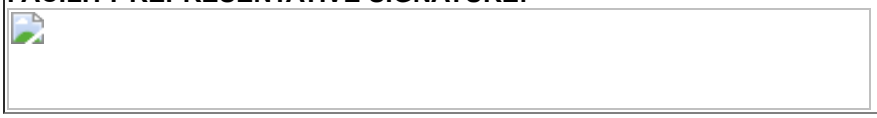
Carolyn Tuba

Kyle Wellington

DATE: 08/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/03/2026

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.

NARRATIVE

and shaded areas for residents. Indoor and outdoor passageways along with entrances and exits were free of obstructions.

Safety: There were fire alarm systems, carbon monoxide detectors, and charged fire extinguishers throughout the facility. The fire extinguisher service tags noted the fire extinguishers were last serviced on 1/29/26 which was within the last year. The facility's last fire safety inspection was performed by Western Fire in 1/26. The facility's last fire drill was last performed by LTC Safety on 6/24/26.

Kitchen/Food Service: LPA observed the kitchen to be clean, organized, and well maintained. The kitchen had the ability to prepare and store food in a safe and clean environment. Kitchen appliances appeared to be in good working condition. Dishes and utensils were in sufficient supply and stored properly. Sharp objects were put away correctly. Perishable and non-perishable foods were not expired. There was over a two day supply of perishable foods and over a seven day supply of non-perishable foods.

Care & Supervision: Facility has sufficient staff to supervise the residents and operate the facility. LPA observed med techs, caregivers, servers and housekeeping/laundry/kitchen/maintenance staff at the facility.

Administration: LPA observed emergency exit information, emergency/disaster plans with emergency phone numbers, personal rights, complaint procedures and long-term care ombudsman information posted at the facility. ED holds a current Administrator Certificate and a Criminal Record Clearance.

Record Review and Resident/Staff Files: LPA reviewed the records of five (5) resident files and five (5) staff files. Staff have criminal record clearance and are associated with the facility. The files contained all the required documentation and paperwork. The staff and client files were kept locked away inaccessible to unauthorized individuals.

Health Related Services/Incidental Medical Services: LPA observed clients' medications were centrally stored and secured in med cabinets in the Med Room inaccessible to residents. First aid kit was kept in the locked Med Room inaccessible to residents.

No deficiencies were cited during this visit. An exit interview was conducted with the Executive Director, Tania Dupre and a copy of this report was given to Executive Director, Tania Dupree.

NAME OF LICENSING PROGRAM MANAGER: Carolyn Tuba
NAME OF LICENSING PROGRAM ANALYST: Kyle Wellington
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 08/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/03/2026