

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374600799
Report Date: 08/29/2026
Date Signed: 08/30/2026 06:45:44 PM

COMPREHENSIVE INSPECTION

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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: CARLSBAD BY THE SEA		FACILITY NUMBER:	374600799
ADMINISTRATOR/DIGERNESS, PAULA		FACILITY TYPE:	741
DIRECTOR:			
ADDRESS:	2855 CARLSBAD BLVD.	TELEPHONE:	(760) 492-3359
CITY:	CARLSBAD	STATE: CA	ZIP CODE: 92008
CAPACITY: 224		CENSUS: 185	DATE: 08/29/2026
TYPE OF VISIT:	Annual/Random	UNANNOUNCED TIME VISIT/INSPECTION	11:36 AM
MET WITH: Paula Digerness Executive Director		BEGAN: TIME VISIT/INSPECTION	03:07 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Amy Domingo conducted an unannounced Annual visit. LPA met with
2	Med Tech Alex and we discussed the purpose of the visit, Tamara Movsisyan, Director of Health
3	Services joined joined the annual visit to assist with resident and staff files. The Executive Director,
4	Paula Digerness, also joined the annual visit The facility file was reviewed before the visit.
5	
6	According to the facility's license, the facility's license shows a maximum capacity of 224 residents over the age
7	of 60, of which 208 may be non-ambulatory. Hospice waiver for 5. During today's inspection there were 190
8	residents in care. The facility was assessed by touring it inside and out. LPA inspected for compliance with
9	safety, maintenance, and operational requirements. LPA interviewed staff, and residents in assisted and
10	independent living. There are no firearms stored on the premises.
11	
12	There were two areas available for dining, the meals are prepared in the main dining area for all
13	residents living in the property. There were at least two (2) days of perishable food, and at least seven
14	(7) days of non-perishable food present, all safely stored in the kitchen inspected. Cooking/dining
15	equipment and utensils were present. The kitchen and dining areas were clean, organized, and free
16	from bad odors. Fresh fruit and vegetables were observed to be of good quality.
17	
18	There was a facility pool, and LPA toured the area with Tamara and Paula A key fob restricted access to
19	the pool and the four (4) doors were secured during the LPA's visit.
20	
21	
22	Today's inspection consisted of parts within each of the three buildings. LPA inspected the nursing
23	station; resident records and medication were observed to be secured and locked as required. Per staff,
24	the hot water temperature was measured by maintenance once a week. (continue at LIC809C)
25	



DATE: 08/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/29/2026

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: CARLSBAD BY THE SEA	FACILITY NUMBER: 374600799
	VISIT DATE: 08/29/2026

NARRATIVE	
1	(Continue from LIC809)
2	
3	LPA observed smoke alarms present in each room. The appliances in the resident rooms were in
4	working order. Each room observed was clean, sanitary, and in good operating condition. Temperature
5	in the residents' rooms was controlled by each resident. It was also observed pull cords in each of the
6	residents' rooms. All bathrooms inspected had grab bars installed in the shower areas. However, there
7	was one bathroom observed that did not have grab bars by the toilet.
8	
9	Cleaning supplies for the housekeeping staff were secured in the housekeeping closet. The signal
10	system was tested in the presence of staff; staff responded in less than one (1) minute. Some of the
11	residents also utilize a pendant that can be worn to request staff assistance in emergencies. No
12	concerns regarding response times.
13	
14	Medications were labeled, as required, and stored in locked areas. LPA observed several medication
15	carts that were locked and secured. In independent living, all residents keep their medications in their
16	apartments. Keys to the medication were kept and controlled by appropriate staff with responsibility for
17	medication management for assisted living.
18	
19	LPA interviewed staff and reviewed multiple staff and resident records/files. LPA interviews did not raise
20	any licensing concerns. The files that LPA reviewed contained the required documents. Confidential
21	records were stored in locked areas.
22	
23	Facility staff conducted emergency drills at least quarterly in some cases every two (2) months. Fire
24	drills were conducted each month. The facility updated its disaster and emergency preparedness plan.
25	Staff had current basic first aid and basic CPR certificates on file. Required training was current and
26	complete for all staff records reviewed. All required postings were observed to be prominently displayed
27	in common areas of the facility. All fire extinguishers were serviced within this last year.
28	
29	No deficiencies during this annual visit. An exit interview was conducted with the xxx to whom a copy
30	of this report and the Licensee/Appeal Rights (LIC9058 03/22) were provided.
31	
32	

NAME OF LICENSING PROGRAM MANAGER: Simon Jacob	
NAME OF LICENSING PROGRAM ANALYST: Amy Domingo	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/29/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/29/2026