

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374600800
Report Date: 03/14/2025
Date Signed: 03/14/2025 01:13:18 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: WESLEY PALMS	FACILITY NUMBER: 374600800
ADMINISTRATOR/DIRECTOR: JUSTIN WEBER	FACILITY TYPE: 740
ADDRESS: 2404 LORING STREET	TELEPHONE: (858) 274-4110
CITY: SAN DIEGO	STATE: CA
CAPACITY: 511	ZIP CODE: 92109
TYPE OF VISIT: Case Management - Incident	CENSUS: 332
	DATE: 03/14/2025
	UNANNOUNCED TIME VISIT/INSPECTION: 10:00 AM
	BEGAN: TIME VISIT/INSPECTION: 11:00 AM
MET WITH: Executive Director Justin Webber	COMPLETED:

NARRATIVE	
1	Licensing Program Analyst (LPA) lby Strong, conducted an unannounced Case Management Visit. LPA
2	met with Executive Director Justin Webber, and we discussed the purpose of the visit.
3	
4	Today's visit is in response to the self reported death of Resident 1 (R1 - see LIC811 Confidential
5	Names List). R1 passed away on 3/11/2025.
6	
7	LPA conducted a wellness check at the facility, and no health or safety issues were identified. Residents
8	observed appeared appropriate for the facility. Additional facility records were obtained on this date
9	regarding R1's care.
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11	No deficiencies were cited or observed on this date.
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14	An exit interview was conducted. The Licensee was provided a copy of their appeal rights (LIC9058
15	03/22), along with a copy of this report.
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NAME OF LICENSING PROGRAM MANAGER: Simon Jacob

NAME OF LICENSING PROGRAM ANALYST: Iby Strong

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/14/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/14/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.