

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 374600800

Report Date: 02/19/2026

Date Signed: 02/19/2026 01:45:08 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
<b>FACILITY EVALUATION REPORT</b>	

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:	Required - 1 Year	CENSUS:	371
		DATE:	02/19/2026
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	12:45 PM
MET WITH:	Executive Director Justin Weber	TIME VISIT/INSPECTION COMPLETED:	02:30 PM

### NARRATIVE

1 Licensing Program Analyst (LPA) Janet Ngallo conducted an unannounced Required Annual Inspection.  
2 The facility file was reviewed prior to the visit. LPA was welcomed by, identified herself to, and discussed  
3 the purpose of the visit with Executive Director Justin Weber. According to the facility's license, the  
4 facility has a maximum capacity of 511 non-ambulatory residents, of which 370 may be bedridden with a  
5 hospice waiver for 15. The facility has one large main building, multiple cottages and a delayed egress  
6 memory care unit.  
7  
8 LPA toured the interior and exterior of the facility and inspected multiple rooms. The facility was clean,  
9 sanitary, and in good repair. Pathways were free of obstruction and slip hazards. Resident bedrooms  
10 contained the required furnishings. Doors, windows, toilets, and showers were in working order. The  
11 facility had sufficient space and equipment to facilitate dining, laundry, visitation, meetings, and resident  
12 activities. Water temperature in residents rooms were all compliant. The facility does have a pool with  
13 appropriate locked fencing.  
14  
15 LPA toured and observed the commercial kitchen and walk-in freezer/refrigerator. The kitchen was  
16 clean, organized and sanitary. Cooking/dining equipment and utensils were present. There was  
17 sufficient perishable food and at least two weeks worth of non-perishable food.  
18  
19 LPA observed multiple medication rooms and first aids were complete and readily accessible.  
20 Medications were labeled, as required, and stored in locked medication carts. Resident records  
21 contained the required documentation. Staff records contained the required documentation. Per  
22 Executive Director, no firearms or ammunition are kept at the facility. Fire extinguishers were readily  
23 accessible on each floor.  
24  
25

No deficiencies were cited on today's visit. An exit interview was conducted with Executive Director

Justin Webb, to whom a copy of this report and the Licensee/Appeal Rights (LIC9058 03/22) were provided to during the visit.

**NAME OF LICENSING PROGRAM MANAGER:** Lizzette Tellez

**NAME OF LICENSING PROGRAM ANALYST:** Janet Ngallo

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 02/19/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 02/19/2026

**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.