

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374600907

Report Date: 02/12/2026

Date Signed: 02/12/2026 04:20:26 PM

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

FACILITY NAME: SILVERGATE FALLBROOK RETIREMENT RESIDENCE	FACILITY NUMBER: 374600907
ADMINISTRATOR/PATRICIA A MARTINEZ	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 420 ELBROOK DRIVE	TELEPHONE: (760) 728-8880
CITY: FALLBROOK	STATE: CA
CAPACITY: 145	ZIP CODE: 92028
TYPE OF VISIT: Required - 1 Year	CENSUS: 115
	DATE: 02/12/2026
	UNANNOUNCED TIME VISIT/ INSPECTION
	BEGAN: 09:25 AM
MET WITH: Janae Oronaj	TIME VISIT/ INSPECTION
	COMPLETED: 04:30 PM

NARRATIVE

1 Licensing Program Analysts (LPA's) Tremayne Barra and Abdoulaye Zerbo arrived unannounced to
2 conduct an annual inspection. Upon arrival LPA's were greeted by facility staff and granted entry after
3 signing in. LPA's began inspection with introduction and the purpose of the visit. Upon arrival LPA's
4 learned that one-hundred and fifteen (115) residents live at this facility. The Executive Director, Janae
5 Orona was advised of the annual and conducted and completed the facility tour.
6
7 **Residents Records/Incident Reports/Residents Rights Information:** LPA's reviewed residents'
8 records. Ten (10) records were reviewed. LPA's reviewed the identification and emergency information,
9 the admission agreement, the medical assessment, the TB test results, the needs and service plans, the
10 placement, the functional assessment, the centrally stored medication/destruction records, the
11 safeguard for personal property/valuables, and the personal rights notification.
12
13 **Personnel Records/Training/ Staffing/ Administration:** LPA's reviewed Ten (10) employee records
14 including first aid certification, criminal record clearance or an exemption, health screening and TB test
15 results, employee rights, training verification, and current Administrative organization. The
16 Administrator's certificate expiration date was 03/26/2026.
17
18 **Food Service:** Food preparation areas are clean and organized. Food supply meets the requirement of
19 one (1) week supply of nonperishable and two (2) day supply of perishables. Emergency food and water
20 supply is present. Sharps are located in the kitchen and inaccessible to the residents in care .
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22
23
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25

NAME OF LICENSING PROGRAM MANAGER: Anthony Perez

NAME OF LICENSING PROGRAM ANALYST: Tremayne Barra

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 02/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 02/12/2026

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.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507</p>
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FACILITY NAME: SILVERGATE FALLBROOK RETIREMENT RESIDENCE

FACILITY NUMBER: 374600907

VISIT DATE: 02/12/2026

NARRATIVE	
<p>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>	<p>Physical Plant and Safety of Environment/Operational Requirements: LPA's toured the facility inside and outside. LPA's observed the facility to be clean and in good repair. The facility is maintained at 75 degrees for the residents' comfort. Lighting is sufficient for safety. Water temperature measured 120.0 degrees F. Laundry is done in the designated laundry room, in each building. There is a locked location for storing laundry soap, cleaning supplies and chemicals in the closet in the housekeeper's designated closet. All outdoor and indoor passageways are free of obstruction. There is a telephone working at this location. The LIC 610, emergency disaster plan is maintained. There are no firearms at this facility. There are zero (0) pools at the facility. The last emergency fire drill was conducted on 01/28/2026.</p> <p>Infection Control: The LPA's observed the hand washing stations in the facility restrooms and kitchen had hand hygiene supplies and hand washing signs. LPA's observed PPE equipment and cleaning supplies to do regular cleaning of the facility. LPA's reviewed the facility's infection control plan which met department requirements.</p> <p>Medications/Health Related Services/Incidental Medical Services: The medications are centrally stored. There is a locked cabinet allocated for medication room. LPA's reviewed medication for three (3) residents confirming that all medications were listed and accounted.</p> <p>LPA's made observation throughout the inspection process to assess if the facility remains in conformity with the State Fire Marshall regulations. LPA's observed several smoke detectors and carbon monoxide detectors throughout the facility. The last fire inspection conducted by the North County Fire Protection was on 01/14/2026. There were several fire extinguishers on site throughout the facility, date charged was 11/06/2025.</p> <p>Pursuant to Title 22 of The California Code of Regulations Division 6, there are zero (0) deficiencies observed. An exit interview was conducted, this LIC 809 was reviewed, and a copy of this report was provided to Executive Director, Janae Orona.</p>

NAME OF LICENSING PROGRAM MANAGER: Anthony Perez
NAME OF LICENSING PROGRAM ANALYST: Tremayne Barra
LICENSING PROGRAM ANALYST SIGNATURE: _____ **DATE:** 02/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 02/12/2026