

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374601685
Report Date: 11/21/2025
Date Signed: 11/21/2025 11:35:37 AM

COMPREHENSIVE INSPECTION

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

FACILITY NAME:	REGENCY FALLBROOK	FACILITY NUMBER:	374601685
ADMINISTRATOR/DIRECTOR:	KARI MORENO	FACILITY TYPE:	740
ADDRESS:	609 E.ELDER STREET	TELEPHONE:	(760) 728-8504
CITY:	FALLBROOK	STATE: CA	ZIP CODE: 92028
CAPACITY:	75	CENSUS: 64	DATE: 11/21/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	BEGAN: 10:00 AM
MET WITH:	ADMINISTRATOR, KARI MORENO	TIME VISIT/INSPECTION	COMPLETED: 12:00 PM

NARRATIVE

1 On November 21, 2025, Licensing Program Analyst (LPA), Venus Mixson made an unannounced visit to
2 the facility to conduct the Required Annual visit, and met with the Administrator, Kari Moreno.
3 LPA Mixson toured the facility along with the Administrator, Kari Moreno and made observations
4 pertaining to the annual visit. The LPA inspected the facility inside and outside. There were no
5 obstructions or debris to the indoor or outdoor passageways currently. The facility is licensed to serve
6 seventy five (75) elderly residents; ages 60 and above; all of whom may be non-ambulatory and
7 ambulatory, currently there are 64 residents and approximately 40 staff. The facility has an approved
8 hospice waiver for fifteen (15) residents and ten (10) bedridden in rooms. The facility is approved for
9 delayed egress.
10 **Physical Plant:** The facility phone number is (760)728-8504, and is operable. LPA Mixson observed a
11 sample of the resident living units, and they are equipped with required furniture as per Title 22. The LPA
12 inspected the facility restrooms, and the hot water temperature tested within regulations. The restrooms
13 were clean and appliances were operating appropriately at the time of this visit. The facility is equipped
14 with operating smoke detectors, carbon monoxide alarms, and fire extinguishers. The LPA observed
15 required postings such as; the Ombudsman poster, "If you See Something, Say Something" and the
16 "Personal Rights" postings were posted in a common area. The cleaning supplies and sharp items were
17 kept locked and inaccessible to the residents. There was a designated office for the resident and staff
18 files and it was locked.
19 **Medications:** were reviewed with the facility nurse, and were locked and inaccessible to residents. The
20 overall facility is clean, welcoming, and the furniture is in good condition. The facility heating and other
21 appliances were operable currently at the time of this visit.
22 **Food Service:** Non-perishable and perishable food supply is sufficient per regulations, and there are a
23 variety of food types available for the residents. Dishes and utensils were in sufficient supply and stored
24 properly.
25 **Records Review:** LPA Mixson reviewed staff and resident files. There were no Title 22, Division 6
Regulation violations observed and/or cited during todays visit. **An exit interview** was conducted and a
copy of this report was given to the Administrator, Kari Moreno.

NAME OF LICENSING PROGRAM MANAGER: Jazmond D Harris	
NAME OF LICENSING PROGRAM ANALYST: Venus Mixson	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 11/21/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 11/21/2025

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 III, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.