

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374602832

Report Date: 12/20/2024

Date Signed: 12/23/2024 12:10:42 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:	LA VIDA DEL MAR	FACILITY NUMBER:	374602832
ADMINISTRATOR/GENO, SCOTTIE DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	850 DEL MAR DOWNS RD	TELEPHONE:	(858) 755-1224
CITY:	SOLANA BEACH	STATE: CA	ZIP CODE: 92075
CAPACITY: 130		CENSUS: 111	DATE: 12/20/2024
TYPE OF VISIT:	Case Management - Annual Continuation	UNANNOUNCED TIME VISIT/ INSPECTION	BEGAN: 08:50 AM
MET WITH:	Executive Director Scottie Geno	TIME VISIT/ INSPECTION	COMPLETED: 11:55 AM

NARRATIVE	
1	Licensing Program Analyst (LPA) Hannah Rodgers conducted an unannounced Continuation Required
2	Annual Inspection. The facility file was reviewed prior to the visit. LPA was greeted by, identified themselves to
3	and discussed the purpose of the visit with Receptionist Patricia Rapp. The facility's license shows a maximum
4	capacity of 130 non-ambulatory residents, of which 8 may be bedridden. Hospice waiver for 15. During today's
5	inspection there were 111 residents in care. Executive Director Scottie Geno arrived during the visit.
6	
7	LPA with Executive Director Geno toured the interior and exterior of the facility, and inspected a sample of
8	rooms. Pathways were free of obstruction and slip hazards. Resident bedrooms contained the required
9	furnishings. Doors, windows, screens, and showers were in working order. The facility had sufficient
10	space and equipment to facilitate dining, laundry, visitation, meetings, and resident activities. The facility
11	contained at least 2 days of perishable food, and at least 7 days non-perishable food, all safely stored.
12	Cooking, dining equipment, and utensils were present. No toxic chemicals or poisons were accessible to
13	residents. Medications were labeled, as required, and stored in locked areas. Per Executive Director
14	Geno, no firearms or ammunition are kept at the facility. Carbon monoxide detectors, emergency
15	lighting, and facility telephone were all in working order. Fire extinguisher(s) were serviced within the last
16	12 months. First aid kit was complete and readily accessible. Required licensing postings were
17	observed in visible areas of the facility.
18	
19	LPA reviewed facility records. The files reviewed by LPA contained required documents. Confidential
20	records were stored in locked areas.
21	
22	No deficiencies were cited during the inspection. An exit interview was conducted with Executive
23	Director Geno to whom a copy of this report and the Licensee/Appeal Rights (LIC9058 03/22) were
24	provided.
25	

NAME OF LICENSING PROGRAM MANAGER: Lizzette Tellez
NAME OF LICENSING PROGRAM ANALYST: Hannah Rodgers
LICENSING PROGRAM ANALYST SIGNATURE:

	DATE: 12/20/2024
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

	DATE: 12/20/2024
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This report must be available at Child Care and Group Home facilities for public review for 3 years.