

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 374602919  
**Report Date:** 10/12/2022  
**Date Signed:** 10/12/2022 04:02:03 PM

**Document Has Been Signed on** 10/12/2022 04:02 PM - **It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: VILLA ALEGRE	FACILITY NUMBER: 374602919
ADMINISTRATOR: LOCSIN, FREDERICK	FACILITY TYPE: 740
ADDRESS: 1938 HIDDEN SPRINGS DRIVE	TELEPHONE: (619) 578-8788
CITY: EL CAJON	STATE: CA
CAPACITY: 6	ZIP CODE: 92019
TYPE OF VISIT: Case Management - Other	CENSUS: 4
MET WITH: Frederick Locsin, Administrator, and Donnah Locson, Licensee	DATE: 10/12/2022
	UNANNOUNCED TIME BEGAN: 02:30 PM
	TIME COMPLETED: 04:15 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Carmen Lopez conducted an unannounced case management visit to
2	the facility. LPA Lopez identified herself and was granted entry by Frederick Locsin, Administrator. LPA
3	stated the purpose of the visit and reviewed the basic elements of the visit with Administrator Locsin.
4	Licensee Donnah Locsin was contacted via telephone.
5	
6	The facility self-reported an incident regarding resident #1 (R1) (See LIC 811 Confidential Names List) to
7	Community Care Licensing on October 11, 2022. The facility reported that on October 11, 2022, R1 was
8	sent to the hospital for a noted injury.
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10	During today's visit, LPA spoke with staff and requested resident records. This case management does
11	need further follow-up and may require additional visits or phone calls. No deficiencies were cited during
12	this visit.
13	
14	An exit interview was conducted with Licensee Locsin and Administrator Locsin and a copy of this
15	report, LIC 811 and Licensee/Appeal Rights (LIC 9058 3/22) were provided to the Administrator at the
16	conclusion of the visit. The signature below confirms the documents were received.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Rebecca Hedgecock
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Carmen Lopez

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 10/12/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 10/12/2022

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