

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374602919
Report Date: 01/13/2025
Date Signed: 01/13/2025 05:45:33 PM

Document Has Been Signed on 01/13/2025 05:45 PM - It Cannot Be Edited

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: VILLA ALEGRE	FACILITY NUMBER: 374602919
ADMINISTRATOR/LOCSIN, FREDERICK DIRECTOR:	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 - Incident	CENSUS: 6
	DATE: 01/13/2025
	UNANNOUNCED TIME VISIT/ INSPECTION
	BEGAN: 09:08 AM
MET WITH: Donnah Locsin, Licensee	TIME VISIT/ INSPECTION
	COMPLETED: 12:08 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Carmen Lopez conducted an unannounced required annual inspection
2	and in conjunction conducted this case management visit at the facility. LPA Lopez identified herself and
3	was granted entry by caregiver Manuel Santiagué. LPA stated the purpose of the visit and reviewed the
4	basic elements of the visit with Administrator Frederick Locsin and Licensee Donnah Locsin who later
5	arrived and joined the visit.
6	
7	The facility self-reported an incident regarding resident #1 (R1) (See LIC 811 Confidential Names List) to
8	Community Care Licensing on December 26, 2024. The facility reported that on December 19, 2024, R1
9	eloped from the facility but staff #1 (S1) found the resident a few houses down with neighbors who had
10	initiated emergency response. Although they did not find any signs of trauma, the resident's responsible
11	party and Licensee agreed to have the resident seen and checked. R1 returned to the facility on
12	December 22 nd . R1 was admitted to home health upon their return to the facility.
13	
14	During today's visit, LPA toured the facility, conducted staff and resident interviews, and conducted a
15	welfare check for resident in care, and observed there were no immediate safety concerns.
16	
17	Resident Physician's Report, dated 1/20/24, showed that the R1 is ambulatory and has a diagnosis of
18	dementia. Further review of the Physician's Report indicated that the resident is not at risk if allowed to
19	leave the community unsupervised due to dementia or cognitive decline. Further review of the
20	Physician's Report showed that the R1 is able to communicate their needs and is able to follow simple
21	directions.
22	
23	
24	According to the interviews, the Licensee said that they have never had an elopement, and this was
25	their first elopement. Licensee did not have an absentee notification plan on file as there was no prior
	need for one. LPA provided Licensee technical assistance regarding the absentee notification plan. This
	case management requires further follow-up. No deficiencies were cited during this visit.

An exit interview was conducted with Licensee Donnah Locsin and a copy of this report, LIC9102-TA, LIC 811 (confidential names list) and Licensee/Appeal Rights (LIC 9058 01/16) were provided to the Licensee at the conclusion of the visit. The signature below confirms the documents were received.

NAME OF LICENSING PROGRAM MANAGER: Robyn Clark
NAME OF LICENSING PROGRAM ANALYST: Carmen Lopez
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/13/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/13/2025

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