

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374602919

Report Date: 01/28/2026

Date Signed: 01/28/2026 01:50:16 PM

Document Has Been Signed on 01/28/2026 01:50 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) 328-1333
CITY:	EL CAJON	STATE: CA	ZIP CODE: 92019
CAPACITY:	6	CENSUS: 6	DATE: 01/28/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	BEGAN: 10:00 AM
MET WITH:	Licensee Frederick Locsin	TIME VISIT/ INSPECTION	COMPLETED: 01:30 PM

NARRATIVE

1 LPA Correia conducted the required one-year inspection. Upon arrival, LPA was greeted by Licensee
2 Frederick Locsin, identified herself, and explained the purpose of the visit. The facility is licensed to
3 serve six residents aged 60 and above, all of whom may be non-ambulatory, with up to four residents
4 approved to receive hospice services. Co-licensee Donnah Locsin arrived shortly thereafter and joined
5 the visit.
6
7 During today's inspection, all six residents were present. Three residents are currently on hospice, and
8 all six are non-ambulatory.
9
10 A review of resident records confirmed that required documents, including the current Physician's
11 Report, Resident Appraisal, Needs & Services Plan, Identification and Emergency Information, and
12 Admission Agreement—were complete and up to date. Personnel records were also reviewed and found
13 to include Criminal Record Clearance, required training, Health/TB Screening Report, First Aid and CPR
14 certification, and qualifications, all of which were current and complete. The Administrator's certification
15 is valid until April 30, 2027. The facility's last disaster drill was conducted on October 7, 2025. The facility
16 maintains a current lease agreement and liability insurance.
17
18 Medication administration records were accurate and complete, and medications were stored in a
19 locked medication cart. Toxic substances and other hazardous materials were secured in locked
20 cabinets.
21
22
23
24
25

NAME OF LICENSING PROGRAM MANAGER: Robyn Clark
NAME OF LICENSING PROGRAM ANALYST: Debbie Correia

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 01/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 01/28/2026

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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	SAN DIEGO RO, 7575 METROPOLITAN DR. #109
	SAN DIEGO, CA 92108

FACILITY NAME: VILLA ALEGRE

FACILITY NUMBER: 374602919

VISIT DATE: 01/28/2026

NARRATIVE	
1	LPA, accompanied by Licensee Locsin, conducted a tour of the facility, inspecting both the interior and
2	exterior. The facility was observed to be clean, sanitary, and in good repair. Pathways were free of
3	obstructions and slip hazards. Required postings were visible. Resident bedrooms contained the
4	required furnishings. Resident showers were equipped with non-skid flooring and grab bars and were in
5	working order. The water temperature at taps used by residents measured within regulation..
6	
7	Doors, windows, and screens were in good condition. Extra linens, hygiene supplies, Personal
8	Protective Equipment (PPE).. LPA also observed a landline telephone, operational smoke and carbon
9	monoxide detectors, a current fire extinguisher, and a First Aid Kit and manual. The facility includes an
10	adequately sized common area and a shaded outdoor space for activities and visitation. The pool area
11	is secured with a locked foot gate. Per Licensee Locsin, there are no firearms or ammunition on the
12	premises.
13	
14	Based on today's inspection, no deficiencies were cited. An exit interview was conducted, and a copy of
15	this report along with Licensee Rights (LIC 9058, rev. 01/16) will be provided to Licensee Locsin.
16	Licensee's signature on this form acknowledges receipt of these documents.
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	

NAME OF LICENSING PROGRAM MANAGER: Robyn Clark	
NAME OF LICENSING PROGRAM ANALYST: Debbie Correia	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 01/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 01/28/2026
---	-------------------------