

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 374603114  
**Report Date:** 07/23/2025  
**Date Signed:** 07/24/2025 08:12:39 AM

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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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: GARDEN ABODE	FACILITY NUMBER: 374603114
ADMINISTRATOR/MELISSA DEUSSEN DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 17067 COYOTE BUSH DRIVE	TELEPHONE: (858) 776-9730
CITY: SAN DIEGO	STATE: CA ZIP CODE: 92127
CAPACITY: 6	CENSUS: 4 DATE: 07/23/2025
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION 02:35 PM
MET WITH: Administrator Melissa Deussen	BEGAN: TIME VISIT/INSPECTION 05:30 PM
	COMPLETED:

NARRATIVE	
1	Licensing Program Analyst (LPA) Arian Golbakhsh conducted an unannounced, required Annual
2	Inspection. The facility file and personnel report was reviewed prior to the visit. LPA was welcomed by,
3	identified themselves to, and discussed the purpose of the visit to Administrator Melissa Deussen. The
4	facility's license shows a maximum capacity of six (6), two (2) of which may be ambulatory, two (2) non-
5	ambulatory, and two (2) bedridden. Approved room for non-ambulatory is the foyer and bedridden
6	approved for bedridden to reside in back bedroom of the living room. Additionally, the facility is approved
7	for four (4) hospice waivers. During today's inspection there were four (4) residents in care.
8	
9	LPA and Administrator Deussen toured the interior and exterior of the facility and inspected each room.
10	The facility was clean, sanitary, and in good repair. Pathways were free of obstruction and slip hazards.
11	Client bedrooms contained the required furnishings. Doors, windows, screens, toilets, and showers were
12	in working order. Hot water temperature at taps accessible to clients were all compliant: 1st floor
13	Bathroom sink 1 was 113F and bathroom 2 read at 116F. Extra linens and hygiene supplies were
14	present, as well as Personal Protective Equipment.
15	
16	The facility had sufficient space and equipment to facilitate dining, laundry, visitation, meetings, and
17	client activities. The facility contained at least two (2) days of perishable food, and at least seven (7)
18	days non-perishable food, all safely stored. Cooking, dining equipment, and utensils were present.
19	Knives were locked and inaccessible to residents in care.
20	
21	[Continued on LIC 809-C]
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23	
24	
25	

**NAME OF LICENSING PROGRAM MANAGER:** Sabel Martinez

**NAME OF LICENSING PROGRAM ANALYST:** Arian Golbakhsh

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 07/23/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 07/23/2025

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

LIC809 (FAS) - (09/23)

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

**FACILITY NAME:** GARDEN ABODE

**FACILITY NUMBER:** 374603114

**VISIT DATE:** 07/23/2025

<b>NARRATIVE</b>	
1	[Continued from LIC 809]
2	
3	No toxic chemicals or poisons were accessible to clients. Medications were labeled, as required, and
4	stored in locked areas. No pools or bodies of water exist on the premises. Per Administrator Deussen,
5	no firearms or ammunition are kept at the facility. Carbon monoxide detectors, emergency lighting, and
6	facility telephone were all in working order. First aid kit was complete and readily accessible. Required
7	licensing postings were observed in visible areas of the facility.
8	
9	When inspecting the facility's fire extinguishers, LPA noted that there was no service tags on the
10	extinguishers. Administrator Deussen stated they purchase new extinguishers annually but did not retain
11	the receipt. As date of purchase could not be verified, a deficiency is being cited per Title 22 regulations
12	and noted on the attached LIC 809D. In addition, a Civil Penalty is being assessed for a Zero Tolerance
13	Violation regarding Fire Safety and are noted on the attached LIC 421IM in the amount of \$500.
14	
15	LPA interviewed one (1) staff and zero (0) clients, and interviews did not reveal any licensing or
16	regulatory concerns. LPA observed residents to be treated with dignity and care. LPA reviewed facility
17	records. The files reviewed by LPA contained required documents. Confidential records were stored in
18	locked areas.
19	
20	One deficiency was cited during the inspection. An exit interview was conducted with Administrator
21	Deussen to whom a copy of this report, the LIC 421IM, and the Licensee/Appeal Rights (LIC 9058) were
22	provided. Their signature below confirms receipt of these documents.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Sabel Martinez	
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Arian Golbakhsh	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 07/23/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 07/23/2025
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LIC809 (FAS) - (06/04)

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<b>FACILITY EVALUATION REPORT (Cont)</b>	

**FACILITY NAME:** GARDEN ABODE **FACILITY NUMBER:** 374603114  
**DEFICIENCY INFORMATION FOR THIS PAGE:** **VISIT DATE:** 07/23/2025

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

Type A	Section Cited	CCR	87203
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All facilities shall be maintained in conformity with the regulations adopted by the State Fire Marshall for the protection of life and property against fire and panic.

This requirement is not met as evidenced by:

<b>Deficient Practice Statement</b>	
1	Based on LPA observation and interview, the licensee did not comply with the section cited above in ensuring that fire extinguishers were serviced annually and/or purchased within one year, which poses an immediate health and safety risk to 4 out of 4 persons in care
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3	
4	
<b>POC Due Date:</b> 07/24/2025	
<b>Plan of Correction</b>	
1	Licensee will submit proof to LPA of fire extinguishers having been serviced by a certified service provider or proof of newly purchased fire extinguishers by POC due date (within 24 hours of citation issued).
2	
3	
4	

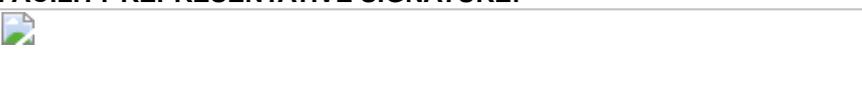
Section Cited
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<b>Deficient Practice Statement</b>	
1	
2	
3	
4	
<b>POC Due Date:</b>	
<b>Plan of Correction</b>	
1	
2	
3	
4	

**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Sabel Martinez
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Arian Golbakhsh
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 07/23/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
	<b>DATE:</b> 07/23/2025

