<meta name="robots" content="noindex">

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374603114
Report Date: 07/15/2026
Date Signed: 07/16/2026 08:32:41 AM

Document Has Been Signed on 07/16/2026 08:32 AM **- It Cannot Be Edited**

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

FACILITY NAME:	GARDEN ABODE		FACILITY NUMBER:	374603114
ADMINISTRATOR/ DIRECTOR:	MELISSA DEUSSEN		FACILITY TYPE:	740
ADDRESS:	17067 COYOTE BUSH DRIVE		TELEPHONE:	(858) 776-9730
CITY:	SAN DIEGO	STATE: CA	ZIP CODE:	92127
CAPACITY: 6		CENSUS: 2	DATE:	07/15/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	09:05 AM
MET WITH:	Administrator Melissa Deussen and caregiver Rosita Soriano		TIME VISIT/ INSPECTION COMPLETED:	01:05 PM

NARRATIVE

Licensing Program Analyst (LPA) Arian Golbakhsh conducted an unannounced, required Annual Inspection. The facility file and personnel report was reviewed prior to the visit. LPA was welcomed by, identified themselves to, and discussed the purpose of the visit to Administrator Melissa Deussen and caregiver Rosita Soriano. The facility's license shows a maximum capacity of six (6) residents, two (2) of which may be ambulatory, two (2) non-ambulatory, and two (2) bedridden. Bedroom #2 approved for bedridden only, per the fire clearance. However, the license indicates another room (#1) as approved for bedridden, but this is not reflected in the fire clearance. LPA will send out an updated license to reflect the correct license comments. Additionally, the facility is approved for a hospice waiver for four (4). During today's inspection there were two (2) residents in care, with none receiving hospice services.

LPA and Administrator Deussen toured the interior and exterior of the facility and inspected each room. The facility was clean, sanitary, and in good repair. Pathways were free of obstruction and slip hazards. Client bedrooms contained the required furnishings. Doors, windows, screens, toilets, and showers were in working order. Hot water temperature at taps accessible to clients were non-compliant: A private bathroom sink on the 2nd floor was 135F and a common restroom sink on the 1st floor was 130.5F. Administrator Deussen adjusted the home's water heaters and water temperatures came down under 120F. Licensee will be having a handy-man come take a look at the water heaters to adjust further and ensure water temperatures are in compliant range moving forward. One Type A citation was issued for the hot water temperatures being above the compliant range of 105-120F, and details are noted on the attached LIC 809D page. Administrator Deussen stated that staff always assist residents for toileting and bathing and check water temperatures prior to starting.

[Continued on LIC 809-C]

NAME OF LICENSING PROGRAM MANAGER: Sabel Martinez
NAME OF LICENSING PROGRAM ANALYST: Arian Golbakhsh

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/15/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/15/2026

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 **FACILITY EVALUATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108

FACILITY NAME: GARDEN ABODE **FACILITY NUMBER:** 374603114
VISIT DATE: 07/15/2026

NARRATIVE

[Continued from LIC 809]

Extra linens and hygiene supplies were present, as well as Personal Protective Equipment. The facility had sufficient space and equipment to facilitate dining, laundry, visitation, meetings, and client activities. The facility contained at least two (2) days of perishable food, and at least seven (7) days non-perishable food, all safely stored. Cooking, dining equipment, and utensils were present.

No toxic chemicals or poisons were accessible to clients. Medications were labeled, as required, and stored in locked areas. No pools or large bodies of water exist on the premises, however the facility features a small water fountain in the yard. LPA observed that the fountain was altered to prevent any pooling of water on its levels. Per Administrator Deussen, no firearms or ammunition are kept at the facility. Smoke and carbon monoxide detectors, emergency lighting, and facility telephone were all in working order. Fire extinguishers were purchased within the last 12 months, dated for July 2026. Last staff emergency drill was conducted on 7/1/26 for the topic of fire. First aid kits were complete and readily accessible. Required licensing postings were observed in visible areas of the facility. LPA reviewed facility records. The files reviewed by LPA contained required documents. Confidential records were stored in locked areas.

One deficiency was cited during the inspection. An exit interview was conducted with Administrator Deussen to whom a copy of this report and the Licensee/Appeal Rights (LIC 9058) were provided. Their signature below confirms receipt of these documents.

NAME OF LICENSING PROGRAM MANAGER: Sabel Martinez
NAME OF LICENSING PROGRAM ANALYST: Arian Golbakhsh
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 07/15/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/15/2026

Document Has Been Signed on 07/16/2026 08:32 AM **- It Cannot Be Edited**

Created By: Arian Golbakhsh On 07/15/2026 at 12:29 PM
Link to Parent Document Below:

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

FACILITY NAME: GARDEN ABODE **FACILITY NUMBER:** 374603114

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 07/15/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87303(e)(2)	

Maintenance and Operation

(2) Faucets used by residents for personal care such as shaving and grooming shall deliver hot water. Hot water temperature controls shall be maintained to automatically regulate the temperature of hot water used by residents to attain a temperature of not less than 105 degree F (41 degrees C) and not more than 120 degree F (49 degrees C).

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on LPA observation, the licensee did not comply with the section cited above in ensuring water temperatures at taps accessible to residents were in the range of 105-120F, which poses an immediate health and safety risk to all persons in care.
	POC Due Date: 07/24/2026
	Plan of Correction
1 2 3 4	Licensee immediately adjusted the water heaters and temperature at taps came down below 120F. Licensee will have a handy-man coming out later today to further adjust the water heaters and esnure the water temperatures are within the required range moving forward. Licensee will take daily water temperatures at multiple taps (1st and 2nd floors) for a period of 7 days and submit the log to LPA by POC due date.

		Section Cited			

	Deficient Practice Statement
1 2 3 4	
	POC Due Date:
	Plan of Correction
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.

NAME OF LICENSING PROGRAM MANAGER: Sabel Martinez

NAME OF LICENSING PROGRAM ANALYST: Arian Golbakhsh

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/15/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/15/2026