

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374603136
Report Date: 03/18/2026
Date Signed: 03/18/2026 07:53:51 PM

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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
FACILITY EVALUATION REPORT	

FACILITY NAME:	CORONADO RETIREMENT VILLAGE	FACILITY NUMBER:	374603136
ADMINISTRATOR/DIRECTOR:	KHARBANDA, RAJNI	FACILITY TYPE:	740
ADDRESS:	299 PROSPECT PLACE	TELEPHONE:	(619) 437-1777
CITY:	CORONADO	STATE:	CA
CAPACITY:	120	ZIP CODE:	92118
TYPE OF VISIT:	Case Management - Deficiencies	CENSUS:	84
		DATE:	03/18/2026
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	12:00 PM
MET WITH:	Executive Director, Rajni Kharbanda	TIME VISIT/INSPECTION COMPLETED:	03:30 PM

NARRATIVE

1 Licensing Program Analyst (LPA) Marisela Garcia-Centeno conducted an unannounced Case
2 Management visit regarding an AWOL incident reported to the San Diego Regional Office on March 16,
3 2026. LPA met with Executive Director Rajni Kharbanda, identified herself, and explained the purpose of
4 the visit. LPA reviewed the report with Wellness Director, Camille Nero.
5
6 The incident report indicated that Resident #1 (R1; see Confidential Names List) left the facility
7 unsupervised on Sunday, March 15, 2026, at approximately 12:36 p.m. At the time of the report, R1 had
8 not returned to the facility. Documentation reflects that staff immediately contacted responsible parties,
9 local hospitals, and law enforcement, and filed a missing person report.
10
11 During today's visit, LPA conducted record reviews, including facility and resident files and the facility's
12 AWOL policy, interviewed staff, and obtained pertinent documentation.
13
14 Based on interviews conducted on March 18, 2026, R1's family notified the facility that R1 is currently
15 with a family member. Facility staff reported they are awaiting confirmation regarding whether R1 will
16 return to the facility or be placed in another setting better suited to meet care needs. Staff also reported
17 that R1 had previously expressed a desire to return to a prior living arrangement. Review of the
18 Admission Agreement indicates R1 was admitted to the facility on January 7, 2026.
19
20
21 (continue at LIC809C)
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NAME OF LICENSING PROGRAM MANAGER: Sabel Martinez
NAME OF LICENSING PROGRAM ANALYST: Marisela Garcia-Centeno

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 03/18/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 03/18/2026

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
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FACILITY NAME: CORONADO RETIREMENT VILLAGE

FACILITY NUMBER: 374603136

VISIT DATE: 03/18/2026

NARRATIVE

1	(continue from LIC809)
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4	Review of medical records indicates R1 has a diagnosis of mild cognitive impairment and is not
5	permitted to leave the facility unassisted. Additionally, the service care plan reflects that R1 requires
6	assistance with certain activities of daily living and uses a wheelchair for mobility. Based on these
7	findings, the facility failed to meet R1's supervision needs.
8	
9	A deficiency is being cited in accordance with California Code of Regulations, Title 22, and is
10	documented on the LIC 809D. A Plan of Correction was developed with Executive Director Rajni
11	Kharbanda.
12	
13	An exit interview was conducted, with Wellness Director, Camille Nero. Copies of this report, LIC 809D,
14	Confidential Names List, and Licensee/Appeal Rights were provided at the conclusion of the visit.
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NAME OF LICENSING PROGRAM MANAGER: Sabel Martinez
NAME OF LICENSING PROGRAM ANALYST: Marisela Garcia-Centeno
LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 03/18/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 03/18/2026

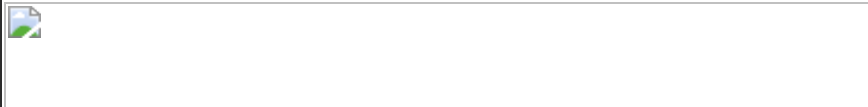

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Created By: Marisela Garcia-Centeno On 03/18/2026 at 01:02 PM
Link to Parent Document Below:

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** CORONADO RETIREMENT VILLAGE**FACILITY NUMBER:** 374603136**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 03/18/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 04/18/2026 Section Cited CCR 87464(f)(1)	1 87464 Basic Services (f) Basic services 2 shall at a minimum include: (1) Care 3 and supervision as defined in Section 4 87101(c)(3) and Health and Safety 5 Code section 1569.2(c)... "Care and 6 supervision" means the facility 7 assumes responsibility for,... ongoing 8 assistance with activities of daily living 9 without which the resident's physical 10 health, mental health, safety, or welfare 11 would be endangered. This requirement 12 was not met as evidenced by:	1 Licensee agreed to provide training to 2 all care staff on all shifts regarding 3 providing the necessary supervision to 4 residents in care. Licensee agreed to 5 submit a staff training roster confirming 6 attendance of training, and a 7 description of the training material to 8 CCL by 4/18/2026.
	8 Based on interviews and a review of 9 records, the licensee failed to provide 10 supervision to R1, which resulted in R1 11 going AWOL and not returning to the 12 facility as of the date of this report. This 13 poses a potential safety risk to 14 residents in care.	8 Licensee also agreed to obtain an 9 updated medical assessment, or 10 physician's report, for R1 by POC date 11 4/18/2026.
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

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	Sabel Martinez
MANAGER:	
NAME OF LICENSING PROGRAM	Marisela Garcia-Centeno
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 03/18/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 03/18/2026