

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374603253

Report Date: 02/24/2026

Date Signed: 02/24/2026 02:21:07 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: LANTERN CREST	FACILITY NUMBER: 374603253
ADMINISTRATOR/LIZ NAJERA	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 800 LANTERN CREST WAY	TELEPHONE: (619) 258-8886
CITY: SANTEE	STATE: CA ZIP CODE: 92071
CAPACITY: 180	CENSUS: 138 DATE: 02/24/2026
TYPE OF VISIT: Case Management - Incident	UNANNOUNCED TIME VISIT/ INSPECTION 12:16 PM
	BEGAN:
MET WITH: Irma Sterling - Resident Services Director	TIME VISIT/ INSPECTION 02:20 PM
Liz Najera - Executive Director	COMPLETED:

NARRATIVE	
1	Licensing Program Analyst (LPA) Angelica Boyles conducted an unannounced Case Management –
2	Incident visit. LPA was welcomed by, identified herself to, and discussed the purpose of the visit with
3	Irma Sterling, Resident Services Director and Liz Najera, Executive Director.
4	
5	Today's visit was in response to an Unusual Incident/Injury Report (LIC624), which licensee self
6	submitted to the CCLD San Diego Regional Office on 2/23/26. According to the report, on 2/19/26, Staff
7	#1 (S1) incorrectly placed a medication in the wrong destruction box, and the following day the
8	medication was no longer present and there was no record of it being properly discarded. [See LIC 811
9	Confidential Names List for a description of person identifiers used in this report].
10	
11	During today's visit, LPA performed a brief facility tour, reviewed relevant records and interviewed staff.
12	LPA observed the room where medications are kept which is locked and inaccessible to residents. Per
13	staff interviews, S1 did discard of the medication in the appropriate place after the mistake, but did not
14	log the proper discarding of the medication.
15	
16	One (1) deficiency was cited per California Code of Regulations, Title 22 (refer to the attached LIC 809-
17	D). A Plan of Correction was jointly developed with the licensee.
18	
19	An exit interview was conducted with Irma Sterling and Liz Najera to whom a copy of this report, the LIC
20	809-D, the LIC811 Confidential Names List, and the Licensee/Appeal Rights (LIC9058 03/22) were
21	provided during the visit.
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Simon Jacob
NAME OF LICENSING PROGRAM ANALYST: Angelica Boyles



DATE: 02/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 02/24/2026

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

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Created By: Angelica Boyles On 02/24/2026 at 12:21 PM
Link to Parent Document Below:

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

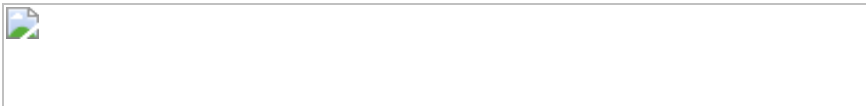
FACILITY NUMBER: 374603253

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/24/2026


Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/17/2026 Section Cited CCR 87465(i)(4)	1 Incidental Medical and Dental Care 2 (i)Prescription medications which...are 3 otherwise to be disposed of shall be 4 destroyed...a record [is] to be 5 retained...which lists the following: 6 (4)The date of destruction. 7	1 Administrator reported that staff will be 2 retrained on medication destruction and 3 will submit proof of training to LPA by 4 POC due date. 5 6 7
	8 This requirement was not met as 9 evidenced by: Based on records 10 reviewed and staff interviews, the 11 medication destruction record was not 12 complete.This posed a potential health 13 and safety risk to residents in care. 14	
	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	Simon Jacob
MANAGER:	
NAME OF LICENSING PROGRAM	Angelica Boyles
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 02/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/24/2026