

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374603308
Report Date: 01/31/2025
Date Signed: 01/31/2025 03:10:26 PM

Document Has Been Signed on 01/31/2025 03:10 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: LA COSTA PALMS | FACILITY NUMBER: 374603308 |
| ADMINISTRATOR/DAVID SWAGERTY DIRECTOR: | FACILITY TYPE: 740 |
| ADDRESS: 6740 CANTIL STREET | TELEPHONE: (760) 683-5351 |
| CITY: CARLSBAD | STATE: CA |
| CAPACITY: 6 | ZIP CODE: 92009 |
| TYPE OF VISIT: Required - 1 Year | CENSUS: 5 |
| | DATE: 01/31/2025 |
| | UNANNOUNCED TIME VISIT/INSPECTION |
| | BEGAN: 09:40 AM |
| MET WITH: Licensee David Swagerty | TIME VISIT/INSPECTION |
| | COMPLETED: 01:20 PM |

| NARRATIVE | |
|-----------|--|
| 1 | Licensing Program Analyst (LPA) Nacole Patterson conducted an unannounced Required Annual |
| 2 | Inspection. The facility file was reviewed prior to the visit. LPA was welcomed by and discussed the |
| 3 | purpose of the visit to Licensee David Swagerty. The facility's license shows a maximum capacity of 6 |
| 4 | non-ambulatory residents ages 60 and above. The facility has a Hospice Care Waiver for 6 residents. |
| 5 | During today's inspection there were 5 residents in care. |
| 6 | |
| 7 | LPA and Administrator David Swagerty toured the interior and exterior of the facility and inspected each |
| 8 | room. The facility was clean, sanitary, and in good repair. Pathways were free of obstruction and slip |
| 9 | hazards. Client bedrooms contained the required furnishings. Doors, windows, screens, toilets, and |
| 10 | showers were in working order. Extra linens and hygiene supplies were present, as well as Personal |
| 11 | Protective Equipment. The facility had sufficient space and equipment to facilitate dining, laundry, |
| 12 | visitation, meetings, and client activities. The facility contained at least 2 days of perishable food, and at |
| 13 | least 7 days non-perishable food, all safely stored. Cooking, dining equipment, and utensils were |
| 14 | present. No toxic chemicals or poisons were accessible to clients. Medications were labeled, as |
| 15 | required, and stored in locked areas. The facility has a pool on the premises, which was inaccessible to |
| 16 | residents. Per Licensee David Swagerty, no firearms or ammunition are kept at the facility. Carbon |
| 17 | monoxide detectors, emergency lighting, and facility telephone were all in working order. Fire |
| 18 | extinguisher(s) were serviced within the last 12 months. First aid kit(s) were complete and readily |
| 19 | accessible. Required licensing postings were observed in visible areas of the facility. |
| 20 | |
| 21 | LPA interviewed staff and clients, and reviewed facility records. The files reviewed by LPA contained |
| 22 | required documents. Confidential records were stored in locked areas. |
| 23 | |
| 24 | No deficiencies were cited during the inspection. An exit interview was conducted with Licensee r David |
| 25 | Swagerty to whom a copy of this report and the Licensee/Appeal Rights (LIC9058 03/22) were provided. |

NAME OF LICENSING PROGRAM MANAGER: Jennifer Lott

NAME OF LICENSING PROGRAM ANALYST: Nacole Patterson

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/31/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/31/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.