

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 374603308

Report Date: 02/25/2026

Date Signed: 03/27/2026 09:55:57 AM

Document Has Been Signed on 03/27/2026 09:55 AM - 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
<b>FACILITY EVALUATION REPORT</b>	

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: 6
	DATE: 02/25/2026
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 09:20 AM
MET WITH: Caregivers Armando Mercado and Dan Ochir and Licensee/Administrator David Swagerty	TIME VISIT/INSPECTION
	COMPLETED: 01:15 PM

### 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 Caregivers Armando "Nick" Mercado  
4 and Dan Ochir. Licensee/Administrator David Swagerty arrived later during the visit. The facility's license  
5 shows a maximum capacity of six (6) non-ambulatory residents, one (1) of whom may be bedridden.  
6 Bedridden may only reside in bedrooms #1 or #2. Additionally, the facility is approved for six (6) hospice  
7 waivers. During today's inspection there were six (6) residents in care, five (5) of which are currently  
8 receiving hospice services.  
9  
10 LPA and Licensee Swagerty toured the interior and exterior of the facility and inspected each room. The  
11 facility was clean, sanitary, and in good repair. Pathways were free of obstruction and slip hazards.  
12 Client bedrooms contained the required furnishings. Doors, windows, screens, toilets, and showers were  
13 in working order. Hot water temperature at taps accessible to clients were all compliant: common  
14 bathroom sink was 106.7F and kitchen sink read at 105.6. Extra linens and hygiene supplies were  
15 present, as well as Personal Protective Equipment.  
16  
17 The facility had sufficient space and equipment to facilitate dining, laundry, visitation, meetings, and  
18 client activities. The facility contained at least two (2) days of perishable food, and at least seven (7)  
19 days non-perishable food, all safely stored. Cooking, dining equipment, and utensils were present.  
20 Knives were stored in a locked drawer, inaccessible to residents in care.  
21  
22 [Continued on LIC 809-C]  
23  
24  
25

NAME OF LICENSING PROGRAM MANAGER: Sabel Martinez

NAME OF LICENSING PROGRAM ANALYST: Arian Golbakhsh



DATE: 02/25/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 02/25/2026

**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  <b>FACILITY EVALUATION REPORT (Cont)</b>	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:** LA COSTA PALMS

**FACILITY NUMBER:** 374603308

**VISIT DATE:** 02/25/2026

**NARRATIVE**

1 [Continued from LIC 809]  
 2  
 3 No toxic chemicals or poisons were accessible to clients; LPA observed them to be in a locked cabinet.  
 4 Medications were labeled, as required, and stored in locked areas. A pool does exist in the backyard,  
 5 however it is fenced off and inaccessible to the residents. Per Licensee Swagerty, no firearms or  
 6 ammunition are kept at the facility. Smoke and carbon monoxide detectors, emergency lighting, and  
 7 facility telephone were all in working order. Fire extinguishers were purchased within the last 12 months,  
 8 receipt dated for January 2026. First aid kit was complete and readily accessible. Required licensing  
 9 postings were observed in visible areas of the facility.  
 10  
 11 While examining bedroom #2, LPA noted that the room's private bathroom was designated as a  
 12 carestaff restroom. Per inquiries with staff, the resident's family has been aware of and alright with the  
 13 arrangement. LPA issued a Technical Violation (TV) and provided consultation on using designated  
 14 resident areas as access ways to common/non-resident use areas. LPA also provided consultation with  
 15 Licensee Swagerty on medication storage options/best practices due to one resident who manages and  
 16 stores their own medications.  
 17  
 18 LPA interviewed one (1) staff and one (1) client, and interviews did not reveal any licensing or regulatory  
 19 concerns. LPA reviewed facility records. The files reviewed by LPA contained required documents.  
 20 Confidential records were stored in locked areas.  
 21  
 22 No deficiencies were cited during the inspection. An exit interview was conducted with Licensee  
 23 Swagerty to whom a copy of this report, the LIC 9102 (TV), and the Licensee/Appeal Rights (LIC 9058)  
 24 were provided. Their signature below confirms receipt of these documents.  
 25  
 26  
 27  
 28  
 29  
 30  
 31  
 32

<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> 02/25/2026

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 02/25/2026
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