

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374603339
Report Date: 03/27/2026
Date Signed: 03/27/2026 01:09:44 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
FACILITY EVALUATION REPORT	

FACILITY NAME:	MERIDIAN AT LAKE SAN MARCOS, THE	FACILITY NUMBER:	374603339
ADMINISTRATOR/AMY BANAGA		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	1177 SAN MARINO DR BLDG 1 & 2	TELEPHONE:	(760) 510-7500
CITY:	SAN MARCOS	STATE: CA	ZIP CODE: 92078
CAPACITY: 170	CENSUS: 121	DATE:	03/27/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	10:40 AM
		BEGAN:	
MET WITH:	Shaun McGuirk, Executive Director	TIME VISIT/INSPECTION	01:10 PM
		COMPLETED:	

NARRATIVE	
1	On 3/27/26, Licensing Program Analyst (LPA) Kyle Wellington made an unannounced visit to the facility to conduct an annual inspection. LPA met with the Administrator (Admin), Shaun McGuirk, who was informed of the purpose of the visit. Admin informed LPA there are 121 residents and 132 staff members at the facility. The facility has a fire clearance to serve 170 non-ambulatory residents of which 10 may be bedridden on the first floor only. The facility has an approved hospice waiver for 10 residents with 7 residents currently receiving hospice services. LPA received a resident and staff roster from the Admin. LPA did an observation of the inside and outside of the facility with the Admin and conducted record reviews for the inspection.
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10	The facility contains two (2) three story buildings for memory care and assisted living residents and one (1) two story commons building that contains a kitchen, dining room, activities rooms and common areas available for resident use. There are multiple outdoor shaded areas with seating. Indoor and outdoor passageways along with entrances and exits were free of obstructions. There is a swimming pool and spa on the property that is surrounded by a fence with locked gates. There are fire alarm systems, carbon monoxide detectors, and charged fire extinguishers throughout the facility. The fire extinguisher service tags noted the fire extinguishers were last serviced on 9/30/25. LPA reviewed the fire safety certificate performed by the San Marcos Fire Dept conducted on 6/18/25 noting the facility passed its fire safety inspection. LPA reviewed the facility's Fire/Disaster Drill noting the facility's last fire drill was conducted on 8/28/25. LPA observed the laundry and supply rooms to be locked and inaccessible to residents, LPA toured the kitchen and observed food prepared and stored in a safe and clean manner. The facility has a two day supply of perishable foods and a seven day supply of non perishable foods. LPA observed a white board with on the kitchen wall noting residents' food allergies and dietary needs. LPA observed medications secured in medication carts, only
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NAME OF LICENSING PROGRAM MANAGER:	Carolyn Tuba
NAME OF LICENSING PROGRAM ANALYST:	Kyle Wellington

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/27/2026

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

DATE: 03/27/2026

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: MERIDIAN AT LAKE SAN MARCOS, THE	FACILITY NUMBER: 374603339
	VISIT DATE: 03/27/2026

NARRATIVE	
1	accessible to authorized personnel such as nurses and medication technicians. LPA reviewed five staff and ten resident files. The files contained all the required documentation and paperwork. No deficiencies were cited during this visit. Exit interview was conducted with the Administrator and a copy of this report was given to the Administrator.
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NAME OF LICENSING PROGRAM MANAGER: Carolyn Tuba NAME OF LICENSING PROGRAM ANALYST: Kyle Wellington LICENSING PROGRAM ANALYST SIGNATURE:		DATE: 03/27/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 03/27/2026