

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374603402
Report Date: 10/29/2025
Date Signed: 10/29/2025 05:00:11 PM

Document Has Been Signed on 10/29/2025 05:00 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:	FREDERICKA MANOR	FACILITY NUMBER:	374603402
ADMINISTRATOR/BEN GESKE DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	183 THIRD AVENUE	TELEPHONE:	(619) 205-4100
CITY:	CHULA VISTA	STATE: CA	ZIP CODE: 91910
CAPACITY:	560	CENSUS:	284
TYPE OF VISIT:	Required - 1 Year	DATE:	10/29/2025
		UNANNOUNCED TIME VISIT/ INSPECTION	08:20 AM
MET WITH:	Corinna Norton Director of Resident Services	BEGAN: TIME VISIT/ INSPECTION	05:10 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Jose De La Cruz made an unannounced visit to conduct a Required
2	Annual Inspection. The facility file was reviewed prior to the visit. LPA was welcomed by, identified
3	themselves to, and discussed the purpose of the visit with Director of Resident Services (DRS) Corina
4	Norton. The facility's license shows a maximum capacity of five hundred and sixty (560) residents age
5	60 and above. One hundred and nineteen (119) might be non-ambulatory residents and five (5) might be
6	bedridden. During today's inspection there were two hundred and eighty-four (284) residents in care,
7	four bedridden and twenty-one non ambulatory.
8	
9	LPA arrived at 8:20 am, facility looks clean and in good repair and decorated for the Holidays. At 8:35
10	am LPA requested residents and staff files, at 9:16 am LPA reviewed residents' files and at 10:21 am
11	LPA reviewed staff files.
12	
13	At 12:10 pm, LPA and DRS toured the facility, toured the interior and exterior and inspected four
14	residents' rooms, two cottages, two of the four clinics and two activity rooms as well as a physical
15	inspection of four of the seven floors. During the inspection, LPA measured the water temperature and
16	found that the main building had approved readings of 115 degrees Fahrenheit, but a cottage and one of
17	the dementia care facilities had readings of 128.1 and 126.3 Fahrenheit degrees.
18	
19	The facility was clean, sanitary, and in good repair. Pathways were free of obstruction and slip hazards.
20	Client bedrooms contained the required furnishings. Doors, windows, screens, toilets, and showers were
21	in working order. Extra linen and hygiene supplies were present at the laundry room, as well as Personal
22	Protective Equipment.
23	
24	[CONTINUED ON LIC 809-C]
25	

NAME OF LICENSING PROGRAM MANAGER: Robyn Clark

NAME OF LICENSING PROGRAM ANALYST: Jose DeLaCruz

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/29/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/29/2025

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: FREDERICKA MANOR

FACILITY NUMBER: 374603402

VISIT DATE: 10/29/2025

NARRATIVE	
1	[CONTINUED FROM LIC809]
2	
3	The facility had sufficient space and equipment to facilitate dining, laundry, visitation, meetings, and
4	client activities. The facility contained at least 2 days of perishable food, and at least 7 days of non-
5	perishable food, all safely stored. Cooking, dining equipment, and utensils were present. No toxic
6	chemicals or poisons were accessible to clients. Medications were labeled, as required, and stored in
7	locked areas. A pond exists on the premises surrounded by a five foot tall fence. Per DRS, no firearms
8	or ammunition are kept at the facility. Carbon monoxide detectors, emergency lighting, and facility
9	telephone were all in working order. Fire extinguishers were serviced within the last 12 months. First aid
10	kits were complete and readily accessible. Required licensing postings were observed in visible areas of
11	the facility.
12	
13	LPA interviewed staff and clients, and reviewed facility records. The files reviewed by LPA contained
14	required documents. Confidential records were stored in locked areas.
15	
16	One deficiency was cited per California Code of Regulations, Title 22 (refer to the LIC809-D page). No
17	Civil Penalty was assessed. Plan of Correction was jointly developed with the staff responsible. An exit
18	interview was conducted with DRS Corinna Norton, to whom a copy of this report, the LIC 809-D pages,
19	and the Licensee/Appeal Rights (LIC9058 03/22) were provided during today's visit.
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NAME OF LICENSING PROGRAM MANAGER: Robyn Clark	
NAME OF LICENSING PROGRAM ANALYST: Jose DeLaCruz	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 10/29/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 10/29/2025
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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 NUMBER: 374603402

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 10/29/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87303(e)(2)	
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(2) Faucets used by residents for personal care such as shaving and grooming shall deliver hot water. Hot water temperature controls shall be maintained to automatically regulate the temperature of hot water used by residents to attain a temperature of not less than 105 degree F (41 degrees C) and not more than 120 degree F (49 degrees C).

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, the licensee did not comply with the section cited above in two out of five temperature readings which poses a potential health and safety to persons in care.
	POC Due Date: 11/10/2025
	Plan of Correction
1 2 3 4	Licensee shall ensure that residents in units with an assigned water heater do not have access to the control to increase the water temperature. Provide proof of purchase of locks and send a picture to LPA by POC.

		Section Cited			
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	Deficient Practice Statement
1 2 3 4	
	POC Due Date:
	Plan of Correction
1 2 3 4	

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	Robyn Clark
MANAGER:	
NAME OF LICENSING PROGRAM	Jose DeLaCruz
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 10/29/2025

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