

<meta name="robots" content="noindex">

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374603439
Report Date: 09/25/2025
Date Signed: 09/25/2025 03:10:05 PM

Document Has Been Signed on 09/25/2025 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: CASA DE MANANA		FACILITY NUMBER: 374603439	
ADMINISTRATOR/MARIVEL JOHNSON DIRECTOR:		FACILITY TYPE: 740	
ADDRESS: 849 COAST BLVD		TELEPHONE: (858) 454-2151	
CITY: LA JOLLA		ZIP CODE: 92037	
CAPACITY: 249		CENSUS: 222	
TYPE OF VISIT: Required - 1 Year		DATE: 09/25/2025	
		UNANNOUNCED TIME VISIT/INSPECTION 10:15 AM	
MET WITH: Executive Director Marivel Johnson		BEGAN: TIME VISIT/INSPECTION 03:15 PM	
		COMPLETED:	
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 Executive Director (ED) Marivel		
4	Johnson. The facility's license shows a maximum capacity of 249 residents, 85 of whom may be non-		
5	ambulatory. Additionally the facility is approved for twelve (12) hospice waivers. During today's		
6	inspection there were 222 residents in care. Note, LPA did step out for lunch from 12-1pm.		
7			
8	LPA, ED Johnson, and Director of Environmental Services Arturo Vega toured the interior and exterior of		
9	the facility and inspected a sample of occupied and unoccupied rooms. The facility was clean, sanitary,		
10	and in good repair. Pathways were free of obstruction and slip hazards. Client bedrooms contained the		
11	required furnishings. Doors, windows, screens, toilets, and showers were in working order. Hot water		
12	temperature at sampled taps accessible to clients were all compliant: Bathroom sink in a unit of the		
13	Villas building was read at 105.6F and water temperature in a bathroom sink of the Casa Loma building		
14	read at 106.8F. Extra linens and hygiene supplies were present, as well as Personal Protective		
15	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. The		
20	facility is about to undergo a remodeling of their main kitchen and a temporary mobile kitchen was		
21	developed and will be used during construction.		
22			
23	[Continued on LIC 809-C]		
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Sabel Martinez			

NAME OF LICENSING PROGRAM ANALYST: Arian Golbakhsh

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/25/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/25/2025

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

LIC809 (FAS) - (06/04)
California Health & Human Services Agency

Page: 1 of 3
California Department of Social Services

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	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: CASA DE MANANA **FACILITY NUMBER:** 374603439
VISIT DATE: 09/25/2025

NARRATIVE	
1	[Continued from LIC 809]
2	
3	No toxic chemicals or poisons were accessible to clients. Medications were labeled, as required, and
4	stored in locked areas. The facility maintains two (2) separate medication rooms and LPA examined the
5	one belonging to the Casa Loma building.
6	
7	One pool does exist on the premises and LPA observed it to feature a secured perimeter as required per
8	regulation. Additionally the facility features a small fountain display in an open courtyard, though no pool
9	or body of water is part of it, thus not making it a drowning risk. Per ED Johnson, no firearms or
10	ammunition are kept at the facility. Smoke and carbon monoxide detectors, emergency lighting, and
11	facility telephone were all in working order. During the tour of the property, LPA observed fire alarms
12	being tested in the Cottages building. Fire extinguishers were serviced within the last 12 months -- dated
13	for August 2025. Last staff emergency drills were conducting on 9/10/25 for the topics of fire and
14	earthquakes. First aid kits were complete and readily accessible. Required licensing postings were
15	observed in visible areas of the facility.
16	
17	LPA interviewed zero (0) staff and three (3) clients, and interviews did not reveal any licensing or
18	regulatory concerns. LPA reviewed facility records. The files reviewed by LPA contained required
19	documents. Confidential records were stored in locked areas.
20	
21	No deficiencies were cited during the inspection. An exit interview was conducted with ED Johnson to
22	whom a copy of this report and the Licensee/Appeal Rights (LIC 9058) were provided. Their signature
23	below confirms receipt of these documents.
24	
25	
26	
27	
28	
29	
30	
31	
32	

NAME OF LICENSING PROGRAM MANAGER: Sabel Martinez	
NAME OF LICENSING PROGRAM ANALYST: Arian Golbakhsh	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 09/25/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/25/2025