

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374603451

Report Date: 01/26/2021

Date Signed: 01/26/2021 05:58:39 PM

Document Has Been Signed on 01/26/2021 05:58 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
FACILITY EVALUATION REPORT	

FACILITY NAME:	PACIFICA SENIOR LIVING ESCONDIDO	FACILITY NUMBER:	374603451
ADMINISTRATOR:	BANKS, JAQUELINE	FACILITY TYPE:	740
ADDRESS:	1351 E WASHINGTON AVE	TELEPHONE:	(760) 741-3055
CITY:	ESCONDIDO	STATE: CA	ZIP CODE: 92027
CAPACITY:	143	CENSUS: 0	DATE: 01/26/2021
TYPE OF VISIT:	Case Management - Other	ANNOUNCED	TIME BEGAN: 01:30 PM
MET WITH:	Karen Enciso, Executive Director	TIME	TIME COMPLETED: 05:45 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Carmen Lopez conducted a virtual visit, via video conference, due to COVID-19, to inspect an ancillary facility building that was recently granted fire clearance by the local fire authority. LPA conducted the visit to observe the structure for compliance with Title 22, Division 6, of California Code of Regulations and Health and Safety Code. LPA identified herself and was joined in the virtual visit by Karen Enciso, Executive Director, and Diana Rezkalla, Memory Care Director.
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7	LPA and facility representatives toured the physical plant, and LPA observed the following: grab bars are installed for each toilet and shower in residents' bathrooms. Showers in residents' rooms have a non-skid surface. Water temperature was measured by facility representatives, and the temperature measured between 65-68 degrees Fahrenheit, which is not in compliance with Title 22 regulations.
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12	Facility records will be stored in a locked room located near the entrance of the building, and medications will be locked in a designated storage space in the receptionist area. Toxic substances will be stored in a locked storage room.
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16	LPA observed activities and sufficient space in which to conduct activities.
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19	A fire extinguisher was observed in the building, and operable smoke and carbon monoxide detectors were present. A separate room in which soiled waste will be stored was also observed.
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22	According to the Executive Director, no guns, weapons, or ammunition will be stored on the facility property. No swimming pool or body of water was observed on the property.
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NAME OF LICENSING PROGRAM MANAGER: Rebecca Hedgecock

NAME OF LICENSING PROGRAM ANALYST: Carmen Lopez

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 01/26/2021

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 01/26/2021

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

LIC809 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 7575 METROPOLITAN DR.
#109
SAN DIEGO, CA 92108**FACILITY EVALUATION REPORT (Cont)****FACILITY NAME:** PACIFICA SENIOR LIVING ESCONDIDO**FACILITY NUMBER:** 374603451**VISIT DATE:** 01/26/2021**NARRATIVE**

1 Based upon LPA's observations, the following items need to be provided, to ensure that the facility is in
2 compliance with Title 22, Division 6, Chapter 8, of California Code of Regulations, prior to approval:
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4 1) Resident accommodations - bedroom furniture including a chair, night stand, lamp or light sufficient
5 for reading should be available for each resident's use.
6 2) Clean linens, including blankets, bedspreads, top bedsheets, bottom bedsheets, pillowcases,
7 mattress pads, bath towels, hand towels and wash cloths shall be available.
8 3) Water temperature in faucets used for grooming shall measure between 105 – 120 degrees
9 Fahrenheit.
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11 Another visit will be conducted, prior to approval, to ensure that the above listed items have been
12 corrected.
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14 An exit interview was conducted with Executive Director Enciso. A copy of this report and Licensee
15 Appeal Rights (LIC 9058 01/16) were provided via email. An electronic mail read receipt confirms receipt
16 of the documents.
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NAME OF LICENSING PROGRAM MANAGER: Rebecca Hedgecock**NAME OF LICENSING PROGRAM ANALYST:** Carmen Lopez**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 01/26/2021

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 01/26/2021

LIC809 (FAS) - (06/04)

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