

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 374603451  
Report Date: 11/07/2025  
Date Signed: 11/07/2025 02:26:23 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
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FACILITY NAME:	ESCONDIDO SENIOR LIVING	FACILITY NUMBER:	374603451
ADMINISTRATOR/DIRECTOR:	JESSICA PLAYA	FACILITY TYPE:	740
ADDRESS:	1351 E WASHINGTON AVE	TELEPHONE:	(760) 741-3055
CITY:	ESCONDIDO	STATE:	CA
CAPACITY:	143	ZIP CODE:	92027
TYPE OF VISIT:	Required - 1 Year	CENSUS:	108
		DATE:	11/07/2025
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	08:56 AM
MET WITH:	Jessica Playa, Executive Director	TIME VISIT/INSPECTION COMPLETED:	01:00 PM

### NARRATIVE

1 On 11/07/25 Licensing Program Analyst (LPA) Javina George made an unannounced visit to the facility  
2 to conduct a 1 year required visit. LPA met with Jessica Playa, Executive Director. The facility has an  
3 approved hospice waiver for (10) with (24) residents currently receiving hospice services, and an  
4 approved fire clearance for (10) bedridden residents, with currently (4) bed bound residents in care.  
5 There is total of (7) residents receiving home health services.  
6  
7 The facility was observed to be clean with the passageways being free of any obstructions. The  
8 medications, chemicals and sharps were observed to be locked an inaccessible to residents in care.  
9 The fire extinguishers were last serviced on 03/19/25. The emergency disaster drills are being  
10 conducted on a quarterly basis with the last drill being on 10/27/25. The hot water was tested and was in  
11 within regulatory limits ranging from 105.1-114.6 in assisted living and 105.3-108.1 in memory care. The  
12 smoke and carbon monoxide detectors were tested and found to be operable.  
13  
14 A records review was conducted, the facility annual fees were observed to have been paid, and for the  
15 governing body to be in good standing. The resident files were observed to have medical assessments  
16 and, and completed admissions agreements. The staff files reviewed were observed to have criminal  
17 record clearance and to be associated to the facility. The staff files reviewed were observed to have  
18 been completed initial and ongoing training, however there was an insufficient number of staff to have a  
19 staff with valid Cardio Pulmonary Resuscitation certification on the premises at all times. **deficiency**  
20 **cited.**  
21  
22  
23  
24  
25

NAME OF LICENSING PROGRAM MANAGER: Carolyn Tuba  
NAME OF LICENSING PROGRAM ANALYST: Javina George


**DATE:** 11/07/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/07/2025

**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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**Created By: Javina George On 11/07/2025 at 12:58 PM**  
**Link to Parent Document Below:**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
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**FACILITY NAME:** ESCONDIDO SENIOR LIVING  
**DEFICIENCY INFORMATION FOR THIS PAGE:**

**FACILITY NUMBER:** 374603451  
**VISIT DATE:** 11/07/2025

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	<b>Type A</b>	<b>Section Cited</b>	<b>HSC</b>	<b>1569.618(c)(3)</b>	
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**Other Provisions**

(c)The facility shall employ, and the administrator shall schedule, a sufficient number of staff members to do all of the following: (3) Ensure that at least one staff member who has cardiopulmonary resuscitation (CPR) training and first aid training is on duty and on the premises at all times. This paragraph shall not be construed to require staff to provide CPR.

This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1	Based on observation, interview, and record review, the licensee did not comply with the section cited above in 3 out of 3 times. Per interview conducted all staffs CPR have expired, with the exception of (3), Administrator,AM , NOC staff with valid CPR however, it does not meet the requirement, as there is no PM staff and the staff do not work 7 days a week, which poses an immediate health, safety or personal rights risk to persons in care.
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3	
4	
	<b>POC Due Date:</b> 11/08/2025
	<b>Plan of Correction</b>
1	The licensee agrees to scehdule a CPR certification training with a preferred vendor, and have staff complete the training. Proof of POC is to be submitted to the department by 5pm on the due date indicated.
2	
3	
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		<b>Section Cited</b>			
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	<b>Deficient Practice Statement</b>
1	
2	
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	<b>POC Due Date:</b>
	<b>Plan of Correction</b>
1	
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**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

Carolyn Tuba

**NAME OF LICENSING PROGRAM**

**MANAGER:**

**NAME OF LICENSING PROGRAM**

Javina George

**ANALYST:**

**LICENSING PROGRAM ANALYST SIGNATURE:**

[Signature box]

**DATE:** 11/07/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

[Signature box]

**DATE:** 11/07/2025

LIC809 (FAS) - (06/04)

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**Created By: Javina George On 11/07/2025 at 01:48 PM**

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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  
1650 SPRUCE ST STE 200 MS29-27  
RIVERSIDE, CA 92507

**FACILITY NAME:** ESCONDIDO SENIOR LIVING

**FACILITY NUMBER:** 374603451

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 11/07/2025

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	CCR	87633(a)(2)	
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**Hospice Care for Terminally Ill Residents**

(a) The licensee shall be permitted to accept or retain residents who have been diagnosed as terminally ill by his or her physician and surgeon and who may or may not have restrictive and/or prohibited health conditions, to reside in the facility and receive hospice services from a hospice agency in the facility, when all of the following conditions are met: (2) The licensee remains in substantial compliance with the requirements of this section, with the provisions of the Residential Care Facilities for the Elderly Act (Health and Safety Code Section 1569 et seq.), all other requirements of Chapter 8 of Title 22 of the California Code of Regulations governing Residential Care Facilities for the Elderly, and with all terms and conditions of the waiver.

This requirement is not met as evidenced by:

<b>Deficient Practice Statement</b>	
1	Based on observation and record review, the licensee did not comply with the section cited above in 14 of 14 persons. The facility has an approved hospice waiver for ten (10) with no additional exception requests on file which poses a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
<b>POC Due Date:</b> 11/21/2025	
<b>Plan of Correction</b>	
1	The licensee agrees to submit a request for hospice waiver increase or exception to receive hospice services for the outstanding 14 residents. Proof of POC is to be submitted to the department by 5pm on the due date indicated.
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**

Carolyn Tuba

**MANAGER:**

**NAME OF LICENSING PROGRAM**

Javina George

**ANALYST:**

LICENSING PROGRAM ANALYST SIGNATURE:

[Signature area]

DATE: 11/07/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature area]

DATE: 11/07/2025

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  
**FACILITY EVALUATION REPORT (Cont)**

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27  
RIVERSIDE, CA 92507

FACILITY NAME: ESCONDIDO SENIOR LIVING

FACILITY NUMBER: 374603451

VISIT DATE: 11/07/2025

**NARRATIVE**

1 Due to the facility having more residents receiving services in their care than approved for a citation is  
 2 also being issued in accordance with the California Code of Regulations (Title 22, Division 6, Chapter 8),  
 3 on the attached 809D. There are no guns or ammunition on the premises.  
 4  
 5 An exit interview was conducted where a copy of this report 809C, 809D, and appeal rights was  
 6 reviewed and provided to Jessica Playa, Executive Director.  
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NAME OF LICENSING PROGRAM MANAGER: Carolyn Tuba

NAME OF LICENSING PROGRAM ANALYST: Javina George

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 11/07/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature area]

DATE: 11/07/2025