

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374603660
Report Date: 08/24/2026
Date Signed: 08/24/2026 01:23:45 PM

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

FACILITY NAME: BAYVIEW SENIOR ASSISTED LIVING		FACILITY NUMBER: 374603660	
ADMINISTRATOR/JEFFREY SETTINERI		FACILITY TYPE: 740	
DIRECTOR:			
ADDRESS: 3219 CANON STREET	STATE: CA	TELEPHONE: (619) 225-5616	
CITY: SAN DIEGO	ZIP CODE: 92106		
CAPACITY: 17	CENSUS: 10	DATE: 08/24/2026	
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME VISIT/INSPECTION	08:45 AM
		BEGAN:	
MET WITH: Genoveva Guerrero - Supervisor		TIME VISIT/INSPECTION	01:30 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Eryn Kane conducted an unannounced Required Annual Inspection.
2	The facility file was reviewed prior to the visit. LPA was allowed entry and discussed the purpose of the
3	visit with Staff Supervisor Genoveva "GG" Guerrero. According to the facility's license, the facility has a
4	maximum capacity of seventeen (17) residents, of whom thirteen (13) may be non-ambulatory. Hospice
5	waiver approved for five (5) residents. Four (4) residents may be bedridden.
6	
7	LPA, accompanied by the Supervisor, toured the interior and exterior of the facility and inspected five (5)
8	rooms located on two (2) floors, as well as the basement. The facility was clean, sanitary, and in good
9	repair. The common living area contained cabinets stocked with games and puzzles for resident use.
10	Pathways throughout the facility were free of obstructions and slip hazards.
11	
12	Resident bedrooms contained the required furnishings, and all doors, windows, toilets, and showers
13	were observed to be in working order. Extra linens, hygiene supplies, and Personal Protective
14	Equipment were available onsite. Hot water temperatures measured 113°F in bathroom #1 and 111.6°F
15	in bathroom #2. The ambient temperature inside the facility measured 80°F. The facility had adequate
16	space and equipment to support dining, laundry, visitation, meetings, and resident activities.
17	
18	An activities poster displayed a variety of planned events, including crafts, movies, and Zumba—one of
19	which (Zumba) LPA observed taking place during today's visit.
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21	
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24	[Continued on LIC 809-C]
25	

Simon Jacob	
Eryn Kane	

DATE: 08/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/24/2026

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.

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

FACILITY NAME: BAYVIEW SENIOR ASSISTED LIVING

FACILITY NUMBER: 374603660

VISIT DATE: 08/24/2026

NARRATIVE	
1	There was at least 2 days of perishable food, and at least 7 days non-perishable food present, all safely stored. Cooking/dining equipment and utensils were present. There were no toxic chemicals/poisons accessible to clients. Medications were labeled, as required, and stored in locked areas.
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4	There are no bodies of water on the premises. Per Supervisor, no firearms or ammunition are kept at the facility. Carbon monoxide detectors, emergency lighting, and facility telephone were all working. Fire extinguisher(s) were present and serviced within the last year. First aid kit(s) were complete and readily accessible. Required licensing postings were observed in visible areas of the facility.
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9	During today's inspection, LPA observed Staff #1 (S1) working with residents. When interviewed, S1 stated they had been employed at the facility for approximately six months and also worked at a sister facility. Upon review of staff records, LPA discovered that although S1 had an active background clearance and was associated with the sister facility, S1 was not currently associated with the facility being inspected.
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14	Supervisor Guerrero stated they believed a request to transfer S1's association had previously been submitted; however, the file review confirmed that only a request for the sister facility was on record. Supervisor Guerrero immediately completed the association for S1 in Guardian during the inspection, in LPA's presence.
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19	LPA reviewed additional staff and resident records/files. The files which LPA reviewed contained required documents. Confidential records were stored in locked areas.
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24	One deficiency was observed and cited during today's annual inspection (refer to LIC 809-D). An immediate civil penalty of \$100 per day for a maximum of five (5) days for a total of \$500 was assessed (refer to LIC 421BG).
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28	An exit interview was conducted with Supervisor Genoveva Guerrero to whom a copy of this report, the LIC 809-D, the LIC 421BG and the Licensee/Appeal Rights (LIC9058 03/22) were provided.
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NAME OF LICENSING PROGRAM MANAGER: Simon Jacob	
NAME OF LICENSING PROGRAM ANALYST: Eryn Kane	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/24/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/24/2026

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Created By: Eryn Kane On 08/24/2026 at 12:48 PM
Link to Parent Document Below:

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** BAYVIEW SENIOR ASSISTED LIVING**FACILITY NUMBER:** 374603660**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 08/24/2026**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type A	Section Cited	CCR	87355(e)(3)	
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Criminal Record Clearance

(e) All individuals subject to a criminal record review pursuant to Health and Safety Code Section 1569.17(b) shall prior to working, residing or volunteering in a licensed facility: (3) Request a transfer of a criminal record clearance as specified in Section 87355(c) or

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation, interview and record review, the Licensee permitted one (1) staff (S1) to work in the facility prior to completing a criminal record clearance transfer to the facility. This posed an immediate health, safety, and personal rights risk to residents in care.
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4	
	POC Due Date: 08/25/2026
	Plan of Correction
1	S1 was immediately associated to the facility in Guardian in LPA's presence. Licensee will conduct review of regulation 87355 and submit a Memorandum of Understanding to LPA via email by POC due date.
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		Section Cited			
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	Deficient Practice Statement
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	POC Due Date:
	Plan of Correction
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.

NAME OF LICENSING PROGRAM MANAGER:	Simon Jacob
NAME OF LICENSING PROGRAM ANALYST:	Eryn Kane
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 08/24/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 08/24/2026