

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374603715

Report Date: 03/12/2026

Date Signed: 03/13/2026 11:05:29 AM

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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: HARBORVIEW SENIOR ASSISTED LIVING	FACILITY NUMBER: 374603715
ADMINISTRATOR/SETTINERI, JEFFREY DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 2360 ALBATROSS STREET	TELEPHONE: (619) 233-8382
CITY: SAN DIEGO	STATE: CA
CAPACITY: 30	ZIP CODE: 92101
TYPE OF VISIT: Required - 1 Year	CENSUS: 25
	DATE: 03/12/2026
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 08:00 AM
MET WITH: Genoveva Guerrero, Manager	TIME VISIT/INSPECTION
	COMPLETED: 11:45 AM

NARRATIVE

1 Licensing Program Analyst (LPA) Amy Domingo conducted an unannounced Required Annual
2 Inspection. The facility file was reviewed prior to the visit. LPA Domingo was welcomed by, identified
3 herself to, and discussed the purpose of the visit with Genoveva Guerrero, Manager.
4
5 The facility serves thirty (30) elderly residents; ages 60 years and above; all of whom may be non-
6 ambulatory and five (5) of which may be bedridden. there were a total of twenty five (25) clients in care,
7 and per medical records, all were ambulatory.
8
9 LPA, accompanied by the house manager, toured the interior and exterior of the facility, and inspected
10 each room. The facility was clean, sanitary, and in good repair. Pathways were free of obstruction and
11 slip hazards. Client bedrooms contained the required furnishings. Doors, windows and screens, toilets,
12 and showers were in working order. Extra linens and hygiene supplies were present, as well as Personal
13 Protective Equipment. The facility had sufficient space and equipment to facilitate dining, laundry,
14 visitation, meetings, and client activities. Call box was available in each resident unit and were tested
15 for functionality. Resident's room temperatures were within a comfortable range. The facility's ambient
16 internal temperature was 70 F. Hot water temperature at taps accessible to clients were all compliant:
17 Kitchen sink was 115 F, Bathroom #1 sink was 115 F, and Bathroom #2 sink was 118 F.
18
19 Refrigerator temperature was 34 F and freezer temperature was -0 F. There was at least 2 days of
20 perishable food, and at least 7 days non-perishable food present, all safely stored. Cooking/dining
21 equipment and utensils were present. There were no sharp objects, toxic chemicals/poisons, fireplaces,
22 or open-faced heaters accessible to clients. Medications were labeled, as required, and stored in locked
23 areas.
24
25 [CONTINUED ON LIC 809C]

NAME OF LICENSING PROGRAM MANAGER: Simon Jacob

NAME OF LICENSING PROGRAM ANALYST: Amy Domingo

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 03/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 03/12/2026

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

FACILITY NUMBER: 374603715

VISIT DATE: 03/12/2026

NARRATIVE

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>[CONTINUED FROM LIC 809]</p> <p>The fountain structure is not accessible to residents or visitors without staff accompaniment and there is a locked fenced area around the structure. Per the licensee's staff, no firearms or ammunition are kept at the facility. Smoke alarms, carbon monoxide detectors, emergency lighting, and facility telephone were all working. Fire extinguisher(s) were serviced within the last 12 months. First aid kit(s) were complete and readily accessible. Required licensing postings were observed in visible areas of the facility. The last disaster drill was conducted in 2/2/26.</p> <p>LPA's interviewed multiple staff and clients. LPA reviewed multiple staff and client records/files. The interviews did not raise any significant licensing concerns. LPA observed that residents were being treated with dignity by staff, and there were sufficient staff on duty to meet resident's needs. The reviewed files contained required documents. Confidential records were stored in locked areas. Licensee's staff also presented proof of current/active business liability insurance and surety bond.</p> <p>No deficiencies were observed or cited during today's annual inspection.</p> <p>An exit interview was conducted with Genoveva Guerrero, Manager to whom a copy of this report and the Licensee/Appeal Rights (LIC9058 03/22) were provided during the visit.</p>
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NAME OF LICENSING PROGRAM MANAGER: Simon Jacob NAME OF LICENSING PROGRAM ANALYST: Amy Domingo LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 03/12/2026
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 03/12/2026
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