

# Department of SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

**Facility Number:** 374603750

**Report Date:** 03/26/2026

**Date Signed:** 03/26/2026 05:08:20 PM

**Document Has Been Signed on** 03/26/2026 05:08 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	VILLA LORENA	FACILITY NUMBER:	374603750
ADMINISTRATOR/DIRECTOR:	GARZA, NORA	FACILITY TYPE:	740
ADDRESS:	14740 VIA FIESTA	TELEPHONE:	(858) 583-8480
CITY:	SAN DIEGO	STATE:	CA
CAPACITY:	85	ZIP CODE:	92127
TYPE OF VISIT:	Required - 1 Year	CENSUS:	62
		DATE:	03/26/2026
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	03:00 PM
MET WITH:	Receptionist Armi Bersamin, Executive Director Nora Garza, and Maintenance Director Vincent Reid	UNANNOUNCED TIME VISIT/INSPECTION COMPLETED:	05:10 PM

### 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 Receptionist Armi Bersamin and  
4 Executive Director Nora Garza. The facility's license shows a maximum capacity of eighty-five (85) non-  
5 ambulatory residents, ten (10) of which may be bedridden. Additionally, the facility is approved for ten  
6 (10) hospice waivers. During today's inspection there were sixty-two (62) residents in care.  
7  
8 LPA, Executive Director Garza, and Maintenance Director Vincent Reid toured the interior and exterior  
9 of the facility and inspected a sampling of occupied and unoccupied resident rooms. The facility was  
10 clean, sanitary, and in good repair. Pathways were free of obstruction and slip hazards. Client bedrooms  
11 contained the required furnishings. Doors, windows, screens, toilets, and showers were in working  
12 order. Hot water temperature at taps accessible to clients were all compliant: Bathroom sink was on one  
13 end of the building read at 113F and one on the other side read at 119F. Extra linens and hygiene  
14 supplies were present, as well as Personal Protective Equipment.  
15  
16 The facility had sufficient space and equipment to facilitate dining, laundry, visitation, meetings, and  
17 client activities. LPA observed a "Town Hall" meeting where staff and residents met for discussion and  
18 news, as well as introducing new staff members. The facility contained at least two (2) days of  
19 perishable food, and at least seven (7) days non-perishable food, all safely stored. Cooking, dining  
20 equipment, and utensils were present. Knives are stored in the main kitchen and inaccessible to  
21 residents.  
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: 03/26/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 03/26/2026

**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  <b>FACILITY EVALUATION REPORT (Cont)</b>	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:** VILLA LORENA

**FACILITY NUMBER:** 374603750

**VISIT DATE:** 03/26/2026

**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 812]</p> <p>No toxic chemicals or poisons were accessible to clients. Medications were labeled, as required, and stored in locked areas. No pools or bodies of water exist on the premises. Per Executive Director Garza, no firearms or ammunition are kept at the facility. Smoke and carbon monoxide detectors, emergency lighting, and facility telephone were all in working order. Fire panel was last serviced in December 2025. Fire extinguishers were serviced within the last 12 months, dated for January 2026. First aid kit was complete and readily accessible. Required licensing postings were observed in visible areas of the facility.</p> <p>Due to time constraints, LPA was unable to complete the file review portion of the inspection. LPA will return on a later date to conduct file review as well as staff and resident interviews. During today's visit, LPA observed residents to be attended to in a timely manner and with respect. LPA also observed residents engaged in a variety of activities during the visit.</p> <p>No deficiencies were cited during today's inspection. An exit interview was conducted with Executive Director Garza to whom a copy of this report and the Licensee/Appeal Rights (LIC 9058) were provided. Their signature below confirms receipt of these documents.</p>
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Sabel Martinez <b>NAME OF LICENSING PROGRAM ANALYST:</b> Arian Golbakhsh <b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 03/26/2026
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**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.**

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 03/26/2026
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