

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374603888
Report Date: 08/22/2026
Date Signed: 08/23/2026 09:24:47 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: A CARING HEART RESIDENCE		FACILITY NUMBER:	374603888
ADMINISTRATOR/MONICA R. ALLAN DIRECTOR:		FACILITY TYPE:	740
ADDRESS: 371 E. MILLAN STREET	STATE: CA	TELEPHONE:	(619) 585-4778
CITY: CHULA VISTA	CENSUS: 6	ZIP CODE:	91910
CAPACITY: 6	DATE:		08/22/2026
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME VISIT/INSPECTION	08:15 AM
		BEGAN:	
MET WITH: Monica Allan Admission		TIME VISIT/INSPECTION	11:30 AM
		COMPLETED:	

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 was allowed entry and discussed the
3	purpose of the visit with Administrator Monica Allan. According to the facility's license, the facility has a
4	maximum capacity of six (6) residents. All of whom may be non-ambulatory and one (1) may be
5	bedridden. Hospice waiver approved for three (3) residents.
6	
7	LPA, accompanied by Administrator toured the interior and exterior of the facility, and inspected each
8	room. The facility was clean, sanitary, and in good repair. Pathways were free of obstruction and slip
9	hazards. Resident bedrooms contained the required furnishings. Doors, windows, toilets, and showers
10	were in working order. Extra linens and hygiene supplies were present, as well as Personal Protective
11	Equipment. Both the hot water temperature and the ambient temperature were at compliant readings.
12	The facility had sufficient space and equipment to facilitate dining, laundry, visitation, meetings, and
13	resident activities.
14	
15	There was at least 2 days of perishable food, and at least 7 days non-perishable food present, all safely
16	stored. Cooking/dining equipment and utensils were present. There were no toxic chemicals/poisons
17	accessible to clients. Medications were labeled, as required, and stored in locked areas.
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21	Their are no bodies of water on the premises. Per Administrator, no firearms or ammunition are kept at
22	the facility. Carbon monoxide detectors, emergency lighting, and facility telephone were all working. Fire
23	extinguisher(s) were present. First aid kit(s) were complete and readily accessible. Required licensing
24	postings were observed in visible areas of the facility.
25	
[CONTINUED ON LIC 809-C]	

Simon Jacob
Amy Domingo



DATE: 08/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/22/2026

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

LIC809 (FAS) - (06/04)
California Health & Human Services Agency

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California Department of Social Services

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

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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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: A CARING HEART RESIDENCE **FACILITY NUMBER:** 374603888
VISIT DATE: 08/22/2026

NARRATIVE	
1	LPA reviewed multiple staff and resident records/files. The files which LPA reviewed contained required
2	documents. Confidential records were stored in locked areas.
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4	No deficiencies were observed or cited during today's annual inspection.
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6	An exit interview was conducted with Monica Allan whom a copy of this report and the Licensee/Appeal
7	Rights (LIC9058 03/22) were provided during the visit.
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NAME OF LICENSING PROGRAM MANAGER: Simon Jacob	
NAME OF LICENSING PROGRAM ANALYST: Amy Domingo	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/22/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/22/2026