

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604081
Report Date: 07/16/2025
Date Signed: 07/16/2025 06:12:09 PM

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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:	NORTH LA COSTA ASSISTED LIVING, LLC	FACILITY NUMBER:	374604081
ADMINISTRATOR/DIRECTOR:	BOSKOSKI, DEJAN	FACILITY TYPE:	740
ADDRESS:	7623 PRIMAVERA WAY	TELEPHONE:	(760) 632-7290
CITY:	CARLSBAD	STATE:	CA
CAPACITY:	6	ZIP CODE:	92009
TYPE OF VISIT:	Required - 1 Year	CENSUS:	6
		DATE:	07/16/2025
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	02:15 PM
MET WITH:	Licensee Dejan Boskoski	TIME VISIT/INSPECTION COMPLETED:	06:15 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Nacole Patterson conducted an unannounced Required Annual
2	Inspection. The facility file was reviewed prior to the visit. LPA was welcomed by and discussed the
3	purpose of the visit to Licensee Dejan Boskoski. The facility's license shows a maximum capacity of 6
4	non-ambulatory residents. During today's inspection there were 5 residents in care.
5	
6	LPA and Licensee Dejan Boskoski toured the interior and exterior of the facility and inspected each
7	room. The facility was clean, sanitary, and in good repair. Pathways were free of obstruction and slip
8	hazards. Client bedrooms contained the required furnishings. Doors, windows, screens, toilets, and
9	showers were in working order. Extra linens and hygiene supplies were present, as well as Personal
10	Protective Equipment. The facility had sufficient space and equipment to facilitate dining, laundry,
11	visitation, meetings, and client activities. The facility contained at least 2 days of perishable food, and at
12	least 7 days non-perishable food, all safely stored. Cooking, dining equipment, and utensils were
13	present. No toxic chemicals or poisons were accessible to clients. Medications were labeled, as
14	required, and stored in locked areas. No pools or bodies of water exist on the premises. Per Licensee
15	Dejan Boskoski, no firearms or ammunition are kept at the facility. Carbon monoxide detectors,
16	emergency lighting, and facility telephone were all in working order. Fire extinguisher(s) were serviced
17	within the last 12 months. First aid kit(s) were complete and readily accessible. Required licensing
18	postings were observed in visible areas of the facility.
19	
20	LPA interviewed staff and clients, and reviewed facility records. The files reviewed by LPA contained
21	required documents. Confidential records were stored in locked areas.
22	
23	Deficiencies are cited per California Code of Regulations, Title 22 (refer to the attached LIC 9099-D). A
24	Plan of Correction was jointly developed with the licensee. An exit interview was conducted with
25	Licensee Dejan Boskoski, to whom a copy of this report, the LIC811 Confidential Names List, and the
	Licensee/Appeal Rights (LIC9058 03/22) were provided.

NAME OF LICENSING PROGRAM MANAGER: Sabel Martinez NAME OF LICENSING PROGRAM ANALYST: Nacole Patterson LICENSING PROGRAM ANALYST SIGNATURE: 	DATE: 07/16/2025
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE: 	DATE: 07/16/2025
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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 III, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

LIC809 (FAS) - (09/23)

Page: 2 of 3

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Created By: Nacole Patterson On 07/16/2025 at 05:26 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
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FACILITY NAME: NORTH LA COSTA ASSISTED LIVING, LLC

FACILITY NUMBER: 374604081

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/16/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87555(b)(8)	
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General Food Service Requirements

(b) The following food service requirements shall apply: (8) All food shall be of good quality. Commercial foods shall be approved by appropriate federal, state and local authorities. Food in damaged containers shall not be accepted, used or retained.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on direct observation, the licensee did not comply with the section cited above in that expired food items were located in the refrigerator, which posed a potential health risk to 6 of 6 persons in care.
2	
3	
4	
	POC Due Date: 08/18/2025
	Plan of Correction
1	Licensee agreed to have staff take food handler training. Licensee will create a regular process for auditing food deliveries to ensure no items are expired.
2	
3	
4	

		Section Cited			
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	Deficient Practice Statement
1	
2	
3	
4	
	POC Due Date:
	Plan of Correction
1	
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 MANAGER:	Sabel Martinez
NAME OF LICENSING PROGRAM ANALYST:	Nacole Patterson
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 07/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 07/16/2025