

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604143

Report Date: 04/25/2025

Date Signed: 04/25/2025 03:57:21 PM

Document Has Been Signed on 04/25/2025 03:57 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	
FACILITY EVALUATION REPORT			
FACILITY NAME: OCEAN HILLS ASSISTED LIVING & MEMORY CARE		FACILITY NUMBER:	374604143
ADMINISTRATOR/JOHNSTON, SHERYL		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	4500 CANNON RD	TELEPHONE:	(760) 295-8515
CITY:	OCEANSIDE	STATE: CA	ZIP CODE: 92056
CAPACITY: 123		CENSUS: 108	DATE: 04/25/2025
TYPE OF VISIT:	Case Management - Annual Continuation	UNANNOUNCED TIME VISIT/ INSPECTION	01:50 PM
MET WITH:	Executive Director Sheryl Johnston	BEGAN: TIME VISIT/ INSPECTION	04:00 PM
		COMPLETED:	
NARRATIVE			
1	Licensing Program Analyst (LPA) Rebecca Borunda conducted an unannounced case management to		
2	complete the annual inspection from 4/17/2025. LPA was greeted by, identified herself to, and explained		
3	the purpose of the visit with Executive Director Sheryl Johnston.		
4			
5	The facility is licensed for a maximum capacity of 123 non-ambulatory residents, 10 of which may be		
6	bedridden. The facility has a waiver for 20 hospice residents. During today's visit, the facility had a		
7	census of 108 residents. The Administrator for the facility is Sheryl Johnston and their certificate was		
8	valid and current.		
9			
10	During visits on 4/17/2025 and 4/25/2025, LPA toured the facility and inspected a random sampling of		
11	resident rooms, private and common bathrooms, facility kitchen, common areas, and outside space. No		
12	bodies of water were observed on the premises. LPA observed delayed egress in the facility's memory		
13	care. The facility was found to be clean, safe, and in good repair with no pathway obstructions. The		
14	facility's water temperature was measured within requirements across a random sampling of resident		
15	rooms and common bathrooms. The facility's internal temperature was measured at 74, 75, and 76		
16	degrees Fahrenheit across the facility. LPA observed locked storage for all hazardous and/or toxic		
17	chemicals and were stored separately from food supplies. According to Sheryl Johnston, no firearms or		
18	weapons are stored on the premises. LPA also observed locked storage for resident medications and		
19	resident and staff files. Resident medications are stored in their original container and labelled. LPA		
20	observed a minimum of a 2-day supply of perishable food and a 7-day supply of non-perishable food		
21	present at the facility.		
22			
23	Continued on LIC809-C page...		
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Jennifer Lott			

NAME OF LICENSING PROGRAM ANALYST: Rebecca A Borunda

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/25/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/25/2025

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: OCEAN HILLS ASSISTED LIVING & MEMORY CARE

FACILITY NUMBER: 374604143

VISIT DATE: 04/25/2025

NARRATIVE	
1	The facility refrigerator was kept at 40 degrees Fahrenheit, and the facility freezer was kept at 0 degrees
2	Fahrenheit. LPA observed linens and hygiene products provided to the residents that are in good repair
3	and sufficient to meet their needs.
4	
5	Staff present at the facility during the time of the inspection had a criminal background clearance, were
6	associated to the facility, and had a first aid certificate. LPA reviewed multiple resident and staff records.
7	Each resident record was complete and contained a signed admission agreement, initial medical
8	assessment, updated annual reappraisal, documents regarding safeguarding personal property and
9	personal rights. Each staff file was complete and contained a personnel record, first aid certificate,
10	fingerprint clearance and association, and a health screening.
11	
12	No deficiencies were cited on today's date. An exit interview was conducted with Executive Director
13	Sheryl Johnston, whose signature below confirms receipt of a copy of this report and the Licensee
14	Appeal Rights (LIC9058 3/22).
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NAME OF LICENSING PROGRAM MANAGER: Jennifer Lott	
NAME OF LICENSING PROGRAM ANALYST: Rebecca A Borunda	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 04/25/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/25/2025

LIC809 (FAS) - (06/04)

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