

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604171
Report Date: 09/25/2025
Date Signed: 09/25/2025 04:50:29 PM

Document Has Been Signed on 09/25/2025 04:50 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:	LO-HAR SENIOR LIVING	FACILITY NUMBER:	374604171
ADMINISTRATOR/WHEELER, JONATHAN DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	768 DOROTHY ST	TELEPHONE:	(619) 444-8270
CITY:	EL CAJON	STATE: CA	ZIP CODE: 92019
CAPACITY:	68	CENSUS:	66
TYPE OF VISIT:	Case Management - Incident	DATE:	09/25/2025
		UNANNOUNCED TIME VISIT/INSPECTION	01:30 PM
		BEGAN:	
MET WITH:	Clinical Director Yolanda Torres and Director Jonathan Wheeler	TIME VISIT/INSPECTION	03:30 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) lby Strong conducted an unannounced Case Management visit to
2	follow-up on multiple incidents reported to Community Care Licensing. LPA met with Clinical Director
3	Yolanda Torres and Director Jonathan Wheeler and discussed the purpose of the visit.
4	
5	Community Care Licensing received an incident report on 9/16/2025 in which it was reported that
6	Resident #1s (R1) and Staff 1 (S1) had a verbal altercation. Interview with Clinical Director established
7	that S1 denied the allegations. Statement from Staff 2 (S2) established that S2 observed S1 cursing at
8	R1. LPA was unable to interview R1 as they are no longer present at the facility due to increased
9	psychiatric behaviors.
10	
11	Additionally, on 9/16/2025, CCL received an LIC624, Unusual Incident Report regarding R2 being issued
12	the incorrect medication. According to report, R2 was issued a lower dose of a medication than they are
13	prescribed and the error was reported to all required entities. R2's Physician Report established they
14	require medication management. Clinical Director stated there were no adverse reactions to medication.
15	
16	
17	During today's visit, LPA conducted a health and safety check of the residents in care and provided
18	consultation. On today's date, one deficiency was issued for medication administration.
19	
20	An exit interview was conducted with Clinical Director to whom a copy of their appeal rights, 809-D,
21	LIC811, and this report were provided to.
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Simon Jacob

NAME OF LICENSING PROGRAM ANALYST: Iby Strong

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/25/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/25/2025

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.

LIC809 (FAS) - (09/23)

Page: 2 of 3

Document Has Been Signed on 09/25/2025 04:50 PM - It Cannot Be Edited

Created By: Iby Strong On 09/25/2025 at 02:26 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
--	--

FACILITY NAME: LO-HAR SENIOR LIVING

FACILITY NUMBER: 374604171

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 09/25/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type B 10/24/2025 Section Cited	1 87465 (a):(4) The licensee shall 2 assist residents with self- 3 administered medications as needed. 4 This requirement was not met as in 5 evidence: 6 7		
	8 Based on interviews the licensee did 9 not assist resident with self- 10 administration of medication in 1 of 11 66 persons in care R1 which posed a 12 potential Safety, risk to persons in 13 care." 14	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		
	1 2 3 4 5 6 7		

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	Simon Jacob
MANAGER:	
NAME OF LICENSING PROGRAM	Iby Strong
ANALYST:	

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/25/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/25/2025