

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604232

Report Date: 01/20/2026

Date Signed: 01/20/2026 05:20:33 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:	REMINGTON CLUB II	FACILITY NUMBER:	374604232
ADMINISTRATOR/DIRECTOR:	GOLZE, RYAN	FACILITY TYPE:	740
ADDRESS:	16922 HIERBA DRIVE	TELEPHONE:	(858) 673-6333
CITY:	SAN DIEGO	STATE:	CA
CAPACITY:	140	ZIP CODE:	92128
TYPE OF VISIT:	Required - 1 Year	CENSUS:	65
		DATE:	01/20/2026
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	12:55 PM
MET WITH:	Health & Wellness Director Raquel Mathews, Executive Director Ryan Golze	TIME VISIT/INSPECTION COMPLETED:	05:25 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 Health & Wellness Director Raquel Mathews and Executive Director Ryan Golze.
4 The facility's license shows a maximum capacity of one hundred and forty (140) non-ambulatory
5 residents, of which eighty two (82) may be non-ambulatory and sixteen (16) bedridden. Hospice waiver
6 for sixteen (16). During today's inspection there were sixty-five (65) residents in care.
7
8 LPA and Health & Wellness Director toured the interior and exterior of the facility and inspected each
9 room. The facility was clean, sanitary, and in good repair. Pathways were free of obstruction and slip
10 hazards. Client bedrooms contained the required furnishings. Doors, windows, screens, toilets, and
11 showers were in working order. Extra linens and hygiene supplies were present, as well as Personal
12 Protective Equipment. The facility had sufficient space and equipment to facilitate dining, laundry,
13 visitation, meetings, and client activities. The facility contained at least 2 days of perishable food, and at
14 least 7 days non-perishable food, all safely stored. Cooking, dining equipment, and utensils were
15 present. No toxic chemicals or poisons were accessible to clients. Medications were labeled, as
16 required, and stored in locked areas. No pools or bodies of water exist on the premises. Per Health &
17 Wellness Director, no firearms or ammunition are kept at the facility. Carbon monoxide detectors,
18 emergency lighting, and facility telephone were all in working order. Fire extinguisher(s) were serviced
19 within the last 12 months. First aid kit(s) were complete and readily accessible. Required licensing
20 postings were observed in visible areas of the facility. LPA interviewed staff and clients, and reviewed
21 facility records. The files reviewed by LPA contained required documents. Confidential records were
22 stored in locked areas.
23
24 Deficiencies are cited per California Code of Regulations, Title 22 (refer to the attached LIC 809-D). A
25 Plan of Correction was jointly developed with the licensee. An exit interview was conducted with Health
& Wellness Director Raquel Mathews, to whom a copy of this report, the LIC811 Confidential Names
List, and the Licensee/Appeal Rights (LIC9058 03/22) were provided. A continuation visit will be
necessary

NAME OF LICENSING PROGRAM MANAGER: Sabel Martinez
NAME OF LICENSING PROGRAM ANALYST: Nacole Patterson
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/20/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/20/2026

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 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 4

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Created By: Nacole Patterson On 01/20/2026 at 04:06 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: REMINGTON CLUB II

FACILITY NUMBER: 374604232

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/20/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87555(b)(23)	
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General Food Service Requirements

(b) The following food service requirements shall apply: (23) All readily perishable foods or beverages capable of supporting rapid and progressive growth of micro-organisms which can cause food infections or food intoxications shall be stored in covered containers at appropriate temperatures.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on direct LPA observation, the licensee did not comply with the section cited above in seven (7) refrigerated items. This posed a potential health risk to persons in care.
	POC Due Date: 02/20/2026
	Plan of Correction
1 2 3 4	The expired and uncovered food was immediately thrown out during the visit. Licensee agreed to retrain all kitchen staff for food safety protocols. A monthly audit procedure will be put in place to maintain compliance with food storage and expirations.

		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.

Sabel Martinez

NAME OF LICENSING PROGRAM

MANAGER:

NAME OF LICENSING PROGRAM

Nacole Patterson

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:

[Signature area]

DATE: 01/20/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature area]

DATE: 01/20/2026

LIC809 (FAS) - (06/04)

Page: 3 of 4

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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: REMINGTON CLUB II

FACILITY NUMBER: 374604232

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/20/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87412(a)(12)	
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Personnel Records

(a) The licensee shall ensure that personnel records are maintained on the licensee, administrator and each employee. Each personnel record shall contain the following information: (12) Hazardous health conditions documents as specified in Section 87411, Personnel Requirements - General.


This requirement is not met as evidenced by:

Deficient Practice Statement	
1	Based on record review, the licensee did not comply with the section cited above in 1 out of 120 staff, which posed a potential health risk to persons in care.
2	
3	
4	
POC Due Date: 01/30/2026	
Plan of Correction	
1	The staff member left the facility immediately until proof of negative test result is obtained. Licensee will submit proof of negative result by the POC due date.
2	
3	
4	

		Section Cited			
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Deficient Practice Statement	
1	
2	
3	
4	
POC Due Date:	
Plan of Correction	
1	
2	

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: 01/20/2026

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

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	DATE: 01/20/2026