

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604261
Report Date: 09/19/2025
Date Signed: 09/19/2025 04:14:32 PM

Document Has Been Signed on 09/19/2025 04:14 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: AVANTGARDE SENIOR LIVING OF LA JOLLA	FACILITY NUMBER: 374604261
ADMINISTRATOR/ESCOBAR, AGUSTIN	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 6211 LA JOLLA HERMOSA AVE	TELEPHONE: (818) 692-5284
CITY: LA JOLLA	STATE: CA
CAPACITY: 45	ZIP CODE: 92037
TYPE OF VISIT: Case Management - Deficiencies	CENSUS: 37
	DATE: 09/19/2025
	UNANNOUNCED TIME VISIT/INSPECTION: 10:00 AM
	BEGAN: 10:45 AM
MET WITH: Activities Director Gabriela Ortiz	TIME VISIT/INSPECTION COMPLETED:

NARRATIVE	
1	On 9/19/25 Licensing Program Analyst (LPA) Arian Golbakhsh conducted an unannounced Case
2	Management visit to the facility. LPA was welcomed by, identified themselves to, and discussed the
3	purpose of the visit to Activities Director Gabriela Ortiz.
4	
5	While conducting file review of staff records, LPA noted that four (4) current staff members were not
6	associated to the facility. Further review revealed that the three (3) of those staff members had eligible
7	background clearances with previously conducted background checks, however their clearances were
8	not transferred over to this facility. The remaining staff member was a new employee and had
9	undergone a background check, however, the California Department of Social Services (CDSS) had not
10	yet fully cleared the individual for an eligible determination. Therefore, the individual had been working
11	at the facility without an approved background clearance, resulting in a Type A violation.
12	
13	Two Type A Deficiencies cited during the visit per California Code of Regulations, Title 22, Division 6 on
14	the attached LIC 809-D. In addition, a Civil Penalty for each of the two Type A violations are being
15	assessed for Zero Tolerance Violations regarding Criminal Record Clearances and are noted on the two
16	(2) attached LIC 421BG forms in the combined amount of \$1,900.00
17	
18	Two deficiencies were cited during the visit. An exit interview was conducted with Activities Director Ortiz
19	to whom a copy of this report and the Licensee/Appeal Rights (LIC 9058) were provided. Their signature
20	below confirms receipt of these documents.
21	
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Sabel Martinez

NAME OF LICENSING PROGRAM ANALYST: Arian Golbakhsh

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/19/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/19/2025

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 09/19/2025 04:14 PM - It Cannot Be Edited

Citations on this Visit Report are Under Appeal!

Created By: Arian Golbakhsh On 09/19/2025 at 03:10 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: AVANTGARDE SENIOR LIVING OF LA JOLLA

FACILITY NUMBER: 374604261

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 09/19/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
<p style="color: red; text-align: center;">Under Appeal</p> <p style="text-align: center;">Type A 10/10/2025 Section Cited</p>	<p>1 87355(e)(2) "All individuals subject to 2 a criminal record review [...] shall 3 prior to working, residing or 4 volunteering in a licensed facility: 5 (2)Obtain a California clearance or a 6 criminal record exemption as 7 required by the Department" This requirement is not met as evidenced by:</p>		
	<p>8 Based on LPA file review and 9 interview, the licensee did not comply 10 with the section cited above in 11 ensuring that all staff, prior to 12 employment, have obtained a 13 criminal background check which 14 poses an immediate health and safety risk to 37 out of 37 persons in care.</p>	<p>8 9 10 11 12 13 14</p>	
<p style="color: red; text-align: center;">Under Appeal</p> <p style="text-align: center;">Type A 10/10/2025 Section Cited</p>	<p>1 87355(e)(2) "All individuals subject to 2 a criminal record review [...] shall 3 prior to working, residing or 4 volunteering in a licensed facility: (3) 5 Request a transfer of a criminal 6 record clearance as specified in 7 Section 87355(c)" This requirement is not met as evidenced by:</p>		
	<p>8 Based on LPA file review and 9 interview, the licensee did not comply 10 with the section cited above in 11 ensuring that 3 staff did not have 12 their clearances transfered, which poses an immediate health, safety,</p>	<p>8 9 10 11 12</p>	

13 and personal rights risk to 37 out of 13
14 37 persons in care. 14

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:	Arian Golbakhsh
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 09/19/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 09/19/2025