

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604281
Report Date: 07/30/2025
Date Signed: 07/30/2025 04:14:57 PM

Document Has Been Signed on 07/30/2025 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: OAKMONT OF PACIFIC BEACH	FACILITY NUMBER: 374604281
ADMINISTRATOR/CAROLINE SENTENO DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 955 GRAND AVE	TELEPHONE: (858) 373-9300
CITY: SAN DIEGO	STATE: CA ZIP CODE: 92109
CAPACITY: 92	CENSUS: 70 DATE: 07/30/2025
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION 12:45 PM
MET WITH: Executive Director Emily Turner	BEGAN: TIME VISIT/ INSPECTION 03:30 PM COMPLETED:

NARRATIVE	
1	Licensing Program Analyst (LPA) lby Strong conducted an unannounced Required Annual Inspection.
2	The facility file was reviewed prior to the visit. LPA was welcomed by, identified herself to, and discussed
3	the purpose of the visit with Executive Director Emily Turner. According to the facility's license, the
4	facility has a maximum capacity of 92 residents, of whom all may be non-ambulatory and 8 may be
5	bedridden with a hospice waiver for 8.
6	
7	LPA toured the interior and exterior of the facility and inspected multiple rooms. The facility was sanitary,
8	and in good repair. Pathways were free of obstruction and slip hazards. Resident bedrooms contained
9	the required furnishings. Doors, windows, toilets, and showers were in working order. The facility had
10	sufficient space and equipment to facilitate dining, laundry, visitation, meetings, and resident activities.
11	
12	Cooking/dining equipment and utensils were present. LPA toured the commercial kitchen. There was
13	enough dry food for two weeks and enough perishable food for two or more days. LPA also observed
14	the emergency food supplies properly stored. There were no toxic chemicals/poisons accessible to
15	residents. Medications were labeled, as required, and stored in locked areas. Medication administration
16	record was complete. Water temperature was measured at 106.8 degrees F in assisted living and 107
17	degrees F in memory care.
18	
19	
20	No pool or body of water present. Per Executive Director, no firearms or ammunition are kept at the
21	facility. Facility has an internal fire system. First aid kits were complete and readily accessible. Resident
22	records reviewed had required documentation. Staff records reviewed contained required
23	documentation. No deficiencies were cited on today's visit.
24	
25	An exit interview was conducted with Executive Director, to whom a copy of this report and the
	Licensee/Appeal Rights (LIC9058 03/22) were provided during the visit.

NAME OF LICENSING PROGRAM MANAGER: Simon Jacob NAME OF LICENSING PROGRAM ANALYST: Iby Strong LICENSING PROGRAM ANALYST SIGNATURE: 	DATE: 07/30/2025
---	-------------------------

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

FACILITY REPRESENTATIVE SIGNATURE: 	DATE: 07/30/2025
--	-------------------------

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.