

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604300

Report Date: 05/19/2021

Date Signed: 05/19/2021 04:00:42 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
FACILITY EVALUATION REPORT	

FACILITY NAME:	PACIFICA SENIOR LIVING OCEANSIDE	FACILITY NUMBER:	374604300
ADMINISTRATOR:	EADS. JONETTA	FACILITY TYPE:	740
ADDRESS:	5508 AVENIDA PACIFICA WAY	TELEPHONE:	(760) 978-6602
CITY:	OCEANSIDE	STATE: CA	ZIP CODE: 92057
CAPACITY:	165	CENSUS:	DATE: 05/19/2021
TYPE OF VISIT:	Case Management - Incident	UNANNOUNCED TIME BEGAN:	01:45 PM
MET WITH:	Business Office Manager, Zayra Carrasco	TIME COMPLETED:	02:30 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Lizzette Tellez conducted a case management visit. LPA was met by
2	Jessica Moran, Receptionist, and granted entry into the facility. LPA met with Zayra Carrasco, Business
3	Office Manager, and discussed the purpose of the visit.
4	
5	This visit was initiated due to self-reported incidents, which occurred on April 6, 2021, and April 8, 2021,
6	involving Residents #1, and 2 (R1-R2), respectively. Ms. Carrasco was provided with Confidential
7	Names Form, in order to identify R1-R2. The Licensee's authorized representative self-reported these
8	incidents by submitting Forms LIC 624 - Incident Report to Community Care Licensing (CCL), which
9	were received by CCL on April 13, 2021, and April 14, 2021.
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11	During today's visit, LPA reviewed resident records, conducted interviews, and briefly toured the facility.
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13	No deficiencies were issued during this visit. An exit interview was conducted with Ms. Carrasco. A copy
14	of this report along with Applicant Rights (LIC9058 01/16) was provided to the Administrator via email.
15	An electronic receipt of confirmation was requested to be sent by the Administrator upon rec eipt of the
16	documents.
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NAME OF LICENSING PROGRAM MANAGER: John Rante

NAME OF LICENSING PROGRAM ANALYST: Lizzette Tellez

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 05/19/2021

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 05/19/2021

This report must be available at Child Care and Group Home facilities for public review for 3 years.