

Department of

SOCIAL SERVICES

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.		
10			
11	During today's visit, LPA reviewed resident records, conducted interviews, and briefly toured the facility.		
12			
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 receipt 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.