

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604300
Report Date: 02/20/2025
Date Signed: 02/20/2025 05:13:08 PM

Substantiated

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/20/2024** and conducted by Evaluator Sabel Martinez

	COMPLAINT CONTROL NUMBER: 08-AS-20240220215636
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FACILITY NAME: PACIFICA SENIOR LIVING OCEANSIDE	FACILITY NUMBER: 374604300
ADMINISTRATOR: BANKS, JAQUELINE	FACILITY TYPE: 740
ADDRESS: 5508 AVENIDA PACIFICA WAY	TELEPHONE: (760) 978-6602
CITY: OCEANSIDE	STATE: CA ZIP CODE: 92057
CAPACITY: 165	CENSUS: 101 DATE: 02/20/2025
MET WITH: Executive Director Kristel Johnson	UNANNOUNCED TIME BEGAN: 01:50 PM
	TIME COMPLETED: 05:20 PM

ALLEGATION(S):

1	Staff did not provided food of good quality
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Sabel Martinez conducted an unannounced complaint investigation
2	visit. The LPA introduced himself and disclosed the purpose of the visit to Executive Director Kristel
3	Johnson.
4	Throughout the investigation, the Department secured records and conducted interviews with several
5	sources including staff and residents.
6	
7	It was alleged staff did not provide food of good quality. On 02/28/2024, it was reported to the
8	Department the food served at the facility was cold, over cooked, or under cooked.
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10	Interviews with several sources, including staff and residents, confirmed there were occasions when the
11	food was cold, over seasoned, under cooked. or overcooked, making the food inedible. Sources
12	consistently described the food as not fresh, including vegetables, tough to cut with a fork and knife, and
13	not of good quality. One source recalled an instance when food was delivered to the memory care unit
	and the food was overcooked, therefore, it could not be served to the residents.

Substantiated

Estimated Days of Completion: 0

NAME OF LICENSING PROGRAM MANAGER: Lizzette Tellez
NAME OF LICENSING PROGRAM ANALYST: Sabel Martinez
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 02/20/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/20/2025

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

LIC9099 (FAS) - (06/04)

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Control Number 08-AS-20240220215636

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: PACIFICA SENIOR LIVING OCEANSIDE

FACILITY NUMBER: 374604300

VISIT DATE: 02/20/2025

NARRATIVE

1 An additional source revealed the food not being of quality was an ongoing issue. This was mentioned
2 to management on several occasions, but the concern persisted. Although there were interviews with
3 several sources that did not disclose any concerns with the quality of food, there was enough evidence
4 to substantiate the allegation. This deficiency was cited in an LIC 9099D form and a plan of correction
5 was jointly formulated with Executive Director Johnson.
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7 An exit interview was conducted with Kristel Johnson, to whom a copy of this report, LIC 9099D, and
8 Licensee/Appeals Rights (LIC 9058), were provided.
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NAME OF LICENSING PROGRAM ANALYST: Sabel Martinez
LICENSING PROGRAM ANALYST SIGNATURE:

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DATE: 02/20/2025

LIC9099 (FAS) - (06/04)

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Control Number 08-AS-20240220215636

**COMPLAINT INVESTIGATION REPORT
 (Cont)**

FACILITY NAME: PACIFICA SENIOR LIVING OCEANSIDE
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 374604300
VISIT DATE: 02/20/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 02/20/2025 Section Cited CCR 87555(a)	1 87555 General Food Service 2 Requirements (b) (8) All food shall be of 3 good quality. Commercial foods shall be 4 approved by appropriate federal, state 5 and local authorities. Food in damaged 6 containers shall not be accepted, used 7 or retained. Research Council. All food shall be selected, stored, prepared and served in a safe and healthful manner. This requirement was not met as evidenced by:	1 Executive Director agreed to train 2 dining staff on quality of food and 3 submit proof to the LPA by 3/20/2025. 4 ED agreed to discuss food concern with 5 residents during town hall meeting on 6 2/26/2025. 7
	8 Based on interviews, the licensee did 9 not ensure the food provided to 10 residents was of good quality, which 11 posed a potential health, safety, and 12 personal rights risk to all residents in 13 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: Lizzette Tellez
NAME OF LICENSING PROGRAM ANALYST: Sabel Martinez
LICENSING PROGRAM ANALYST SIGNATURE: _____ **DATE:** 02/20/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 02/20/2025