

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604305
Report Date: 04/29/2026
Date Signed: 04/29/2026 12:10:29 PM

Document Has Been Signed on 04/29/2026 12:10 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
FACILITY EVALUATION REPORT	

FACILITY NAME:	BLUE SKIES OF SAN MARCOS	FACILITY NUMBER:	374604305
ADMINISTRATOR/AQUINO, RODELIO D.		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(760) 736-4099
ADDRESS:	1119 VIA VERA CRUZ	ZIP CODE:	92078
CITY:	SAN MARCOS	STATE:	CA
CAPACITY:	6	CENSUS:	6
TYPE OF VISIT:	Required - 1 Year	DATE:	04/29/2026
		UNANNOUNCED TIME VISIT/INSPECTION	10:00 AM
		BEGAN:	
MET WITH:	Jean Paul Reyes - Caregiver	TIME VISIT/INSPECTION	12:30 PM
		COMPLETED:	

NARRATIVE	
1	On 04/29/26, Licensing Program Analyst (LPA) Aziz Faizi made an unannounced visit to the facility to
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5	The facility is a one-story home with five (5) bedrooms and three (3) bathrooms, including a garage.
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8	LPA toured the facility's exterior and observed outdoor pathways were free of obstructions. Outdoor
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11	The physical plant, including floors, windows, and doors, was clean and well maintained. Fixtures and
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14	LPA toured the kitchen and observed the facility has a two-day supply of perishable foods and more
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19	Both the smoke detector and carbon monoxide detector were operational, and the hot water
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24	Adequate staff were present to supervise clients during the visit. The administrator holds a current
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	LPAs reviewed files for three (3) staff members, confirming criminal clearances, updated training, and
	CPR/First Aid certification. Three (3) resident files were reviewed and contained all required

NAME OF LICENSING PROGRAM MANAGER: Carolyn Tuba**NAME OF LICENSING PROGRAM ANALYST:** Aziz Faizi**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 04/29/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 04/29/2026**This report must be available at Child Care and Group Home facilities for public review for 3 years.****LIC809 (FAS) - (06/04)**

California Health & Human Services Agency

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California Department of Social Services

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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27
	RIVERSIDE, CA 92507

FACILITY NAME: BLUE SKIES OF SAN MARCOS **FACILITY NUMBER:** 374604305
VISIT DATE: 04/29/2026

NARRATIVE	
1	All resident medications were securely locked. LPA reviewed medications for three (3) residents,
2	confirming that all medications were listed on the Medication Administration Record (MAR) and
3	accounted for.
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5	LPA reviewed the facility's emergency and disaster plan, including documentation of the last
6	fire/earthquake drill conducted on 04/06/2026, which met department requirements. All facility exits were
7	clear of obstructions.
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9	No deficiencies were cited during the visit. An exit interview was conducted, during which this report was
10	reviewed and provided.
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NAME OF LICENSING PROGRAM MANAGER: Carolyn Tuba	
NAME OF LICENSING PROGRAM ANALYST: Aziz Faizi	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 04/29/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/29/2026