

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604451
Report Date: 06/29/2026
Date Signed: 06/29/2026 01:07:31 PM

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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:	ALTA VIEW MANOR	FACILITY NUMBER:	374604451
ADMINISTRATOR/AUSTRIA, VIRNA LIZA R. DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	1727 TOBACCO ROAD	TELEPHONE:	(858) 705-9696
CITY:	ESCONDIDO	STATE: CA	ZIP CODE: 92026
CAPACITY: 6		CENSUS: 5	DATE: 06/29/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	10:00 AM
MET WITH:	Virna Austria, Administrator	BEGAN: TIME VISIT/INSPECTION	01:10 PM
		COMPLETED:	

NARRATIVE	
1	On 6/29/26, Licensing Program Analyst (LPA) Kyle Wellington arrived unannounced to conduct an annual inspection. LPA was greeted and granted entry by Caregiver, Hortencia Chamu, who was informed of the purpose of the visit. Co-Administrators (Admin), Virna and Bernadette Austria, arrived thereafter and was also informed of the purpose of the visit. LPA observed one (1) staff and five (5) residents present at the facility. Census at the facility is five (5) residents. LPA received a staff and resident roster from Admin. LPA toured the facility with Admin. LPA conducted an observation and record review for the inspection. Facility Overview: The facility is a one story house with five (5) resident bedrooms, three (3) resident bathrooms, kitchen, dining room, living room, and lobby. There are no pools, bodies of water or firearms at the facility. The facility has a fire clearance to serve six (6) elderly residents. Infection Control: LPA observed soap dispensers and hand sanitizers throughout the facility. Cleaning equipment was kept in a locked closet in the lobby and available for regular facility maintenance. LPA reviewed the facility's infection control plan which met the department's requirements. Physical Plant: LPA observed the inside and outside of the facility to be clean, safe and well kept. The floors, windows and doors were clean and well maintained. The living room and dining room furniture was in good repair. The bedrooms and halls had night lights and the halls were free of obstruction. The residents' bedrooms were neat, organized and contained the required bedding, lighting and furniture. Bathrooms were clean, tidy and had grab bars, paper towels, soap and non-slip floors in the showers. Extra linen and towels were kept in a cabinet in the hall. Laundry equipment appeared to be in good working condition. Laundry supplies were kept in a locked cabinet in the kitchen. The two (2) fire extinguishers were charged and tested on 4/23/26 which was within the last year. LPA tested one (1) of the smoke and carbon monoxide detectors
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NAME OF LICENSING PROGRAM MANAGER: Carolyn Tuba
NAME OF LICENSING PROGRAM ANALYST: Kyle Wellington

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/29/2026

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.**FACILITY REPRESENTATIVE SIGNATURE:**

DATE: 06/29/2026

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 AgencyPage: 1 of 3
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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: ALTA VIEW MANOR	FACILITY NUMBER: 374604451
	VISIT DATE: 06/29/2026

NARRATIVE	
1	and found it to be operational. The facility has a pull system fire alarm in the hall. The backyard was free
2	of hazards and contained outdoor furniture and shaded area for the clients.
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4	Kitchen/Food Service: LPA observed the kitchen to be clean, organized, and well maintained. The
5	kitchen had the ability to prepare and store food in a safe and clean environment. Kitchen appliances
6	appeared to be in good working condition. All sharp objects were kept in a locked drawer in the kitchen
7	inaccessible to residents. Cleaning supplies were kept under the sink in a locked cabinet inaccessible to
8	residents. Facility has over a two day supply of perishable foods and over a seven day supply of non-
9	perishable foods available.
10	
11	Care & Supervision: LPA observed one (1) staff and five (5) client at the facility. Facility had sufficient
12	staff to supervise the residents.
13	
14	Administration: LPA observed facility sketch, house rules, personal rights, emergency/disaster plan,
15	emergency phone numbers, complaint procedures and ombudsman information posted in the hall at the
16	facility. Admin holds a current Administrator Certificate and a Criminal Record Clearance.
17	
18	Record Review and Resident/Staff Files: LPA reviewed the records of two (2) residents and one (1)
19	staff files. Staff present have criminal record clearance. LPA notified the facility that the staff member
20	must be associated with the facility. The files contained all the required documentation and paperwork.
21	The staff and client files were kept in a cabinet in a locked office inaccessible to unauthorized
22	individuals.
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25	Health Related Services/Incidental Medical Services: LPA observed first aid kit and clients'
26	medications were centrally stored in a locked cabinet near the family room inaccessible to clients. First
27	aid kit contained all the required items. LPA reviewed two (2) clients' medication to the facility's
28	medication log to make sure all medication was accounted for and dispensed correctly.
29	
30	Disaster Preparedness: LPA reviewed the facility's emergency and disaster plan. It is current and up to
31	date. Facility's fire drills are done quarterly and was last completed on 6/10/26. Facility's property and
32	liability insurance expires on 9/30/26. All facility exits were clear of obstructions and had exits signs
	posted.
	No deficiencies were cited during this visit. Exit interview was conducted with the Administrator,
	Virna Austria, and a copy of this report was given to the Administrator, Virna Austria.

NAME OF LICENSING PROGRAM MANAGER: Carolyn Tuba	
NAME OF LICENSING PROGRAM ANALYST: Kyle Wellington	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 06/29/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/29/2026