

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604454
Report Date: 09/24/2025
Date Signed: 09/26/2025 08:42:49 AM

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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
FACILITY EVALUATION REPORT	

FACILITY NAME:	HUNTINGTON MANOR	FACILITY NUMBER:	374604454
ADMINISTRATOR/DERAFERA, TESS DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	14755 BUDWIN LN	TELEPHONE:	(858) 748-3381
CITY:	POWAY	STATE: CA	ZIP CODE: 92064
CAPACITY: 21		CENSUS: 22	DATE: 09/24/2025
TYPE OF VISIT:	Case Management - Annual Continuation	UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 01:45 PM
MET WITH:	Caregiver Galdomer Galvez	TIME VISIT/INSPECTION	COMPLETED: 06:35 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Debbie Correia conducted an unannounced case management visit
2	for the continuation of the Annual Inspection that began on 9/18/2025. LPA was greeted by and
3	identified herself to Caregiver Gadamer Galvez, to whom she explained the purpose of the visit.
4	
5	A facility tour was conducted on September 19, 2025, which revealed several violations, including but
6	not limited to medications and toxins that were not centrally stored and/or locked, and were accessible
7	to residents in care. Medications that were dispensed to Resident 1 (R1) while unsupervised, there were
8	also entry, exits, and/or passageways that were obstructed. LPA also observed Resident 2 (R2) with a
9	health condition that was not appropriately managed as well as waste that was not appropriately
10	disposed of.
11	
12	During today's visit, LPA discussed the issues with Caregiver Galvez who confirmed they would be
13	taking immediate action to correct the violations and provide Community Care Licensing (CCL) with
14	proof of correction. Due to time constraints the completion of the annual inspection will require additional
15	visits.
16	
17	An exit interview was conducted with Caregiver Galvez and a copy of this report, and the
18	Licensee/Appeal Rights (LIC9058 03/22) will be provided at the conclusion of the visit. The signature
19	below confirms receipt of the reports.
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NAME OF LICENSING PROGRAM MANAGER: Robyn Clark

NAME OF LICENSING PROGRAM ANALYST: Debbie Correia

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/24/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/24/2025

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

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.

LIC809 (FAS) - (09/23)

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Citations on this Visit Report are Under Appeal!

Created By: Debbie Correia On 09/24/2025 at 04:29 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
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FACILITY NAME: HUNTINGTON MANOR

FACILITY NUMBER: 374604454

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 09/24/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

Under Appeal	Type A	Section Cited	CCR	87465(h)(2)	
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Incidental Medical and Dental Care Services

(h) The following requirements shall apply to medications which are centrally stored: (2) Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on LPA observations, the licensee did not comply with the section cited above in 6 out of 22 persons which poses an immediate health and safety risk to persons in care.
2	
3	
4	
	POC Due Date: 09/25/2025
	Plan of Correction
1	Licensee agreed to tour each resident room and remove all medications accessible to residents and centrally store them in the locked medication room. In addition, Licensee and staff will attend medication training conducted by a medical professional.
2	
3	
4	

		Section Cited			
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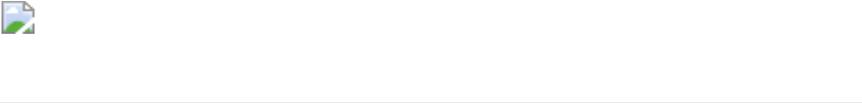
	Deficient Practice Statement
1	
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4	
	POC Due Date:
	Plan of Correction
1	
2	

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4	

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:	Robyn Clark
NAME OF LICENSING PROGRAM ANALYST:	Debbie Correia
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 09/24/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 09/24/2025

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Created By: Debbie Correia On 09/25/2025 at 04:38 PM
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DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 09/24/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

Under Appeal	Type A	Section Cited	CCR	87611(e)
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General Requirements for Allowable Health Conditions (e) In addition to Sections 87465(a) and 87464(d) the licensee shall ensure that the resident is cared for in accordance with the physician's orders and that the resident's medical needs are met.

This requirement is not met as evidenced by:

Deficient Practice Statement	
1	Based on LPA's observations, the Licensee did not comply with the section cited above in 1 out of 22 [R22] persons which poses an immediate health risk to persons in care.
2	
3	
4	

POC Due Date: 09/25/2025

Plan of Correction	
1	The Licensee agreed to coordinate with PACE regarding R2's care plan. In addition the Licensee has scheduled 2 trainings by a medical professional including Ostomy care on 10/1/2025, and PRN medication training on 10/3/2025
2	
3	
4	

	Section Cited			
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Deficient Practice Statement	
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4	
	POC Due Date:
	Plan of Correction
1	
2	
3	
4	

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

Under Appeal	Type A	Section Cited	CCR	87307(D)(6)
Personal Accommodations and Services (d)The following space and safety provisions shall apply to all facilities:(6) All outdoor and indoor passageways and stairways shall be kept free of obstruction. This requirement is not met as evidenced by:				
Deficient Practice Statement				
1	Based on LPA observations, the licensee did not comply with the section cited above in 22 out of 22			
2	[R1-R22] objects obstructing passageways which poses an immediate health, safety or personal rights			
3	risk to persons in care.			
4				
POC Due Date: 09/26/2025				
Plan of Correction				
1	Licensee agreed to clear all areas for trip hazards and fall safety. Licensee also will provide CCL a fall			
2	risk plan and training for staff to follow in the case of a resident fall.			
3				
4				

		Section Cited			
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Deficient Practice Statement	
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4	
POC Due Date:	
Plan of Correction	
1	
2	
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4	

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