

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# ***FACILITY EVALUATION REPORT***

**Facility Number:** 374604471  
**Report Date:** 09/13/2024  
**Date Signed:** 09/13/2024 06:04:09 PM

**Document Has Been Signed on 09/13/2024 06:04 PM - It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	ROSEMARY WARMLANDS SENIOR CARE, INC.	FACILITY NUMBER:	374604471
ADMINISTRATOR/SKOGLIN, KRISTINE M.		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(619) 871-0285
ADDRESS:	2350 WARMLANDS AVENUE	ZIP CODE:	92084
CITY:	VISTA	STATE: CA	
CAPACITY: 6		CENSUS: 6	DATE: 09/13/2024
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 10:48 AM
MET WITH:	ADMINISTRATOR, KRISTINE M. SKOGLIN	TIME VISIT/INSPECTION	COMPLETED: 12:48 PM

NARRATIVE	
1	On September 13, 2024, Licensing Program Analyst (LPA), Venus Mixson arrived at the facility
2	unannounced to conduct the <b>Required Annual Inspection</b> and met with Administrator, Kristine Skoglin.
3	The facility file review was conducted at the Regional Office and additional records were requested and
4	reviewed on site. The facility is licensed for six, Elderly Adult Residents and is currently operating at five,
5	Elderly Adults (740), Facility Type.
6	
7	LPA Mixson toured the facility along with Administrator, and made observations pertaining to the annual
8	visit. LPA inspected the facility inside and outside there were no obstructions or debris to the indoor or
9	outdoor passageways at the time of this visit. The facility is a two-story home located at 2350
10	Warmlands Ave, Vista CA. 92084.
11	
12	<b>Physical Plant:</b> The facility phone number is (619) 871-0285 and it is operable. LPA Mixson observed
13	the residents' bedrooms, and each was equipped with required furniture as per Title 22. LPA Mixson
14	inspected facility bathrooms, and the hot water temperature tested within regulations. The bathrooms
15	were clean, and appliances were operating appropriately currently at the time of this visit. The facility is
16	equipped with operating smoke detectors, carbon monoxide alarms, and fire extinguishers. LPA Mixson
17	observed required postings such as "If you See Something, Say Something" and the "Personal Rights."
18	The cleaning supplies and sharp items were kept locked and inaccessible to the residents in care. There
19	was a designated storage space for the residents and staff files, and it was locked.
20	
21	<b>Medications:</b> Were locked and inaccessible to residents in care, and there was a sufficient supply of
22	medication for each resident. The overall facility is clean, the furniture is in good condition. The facility
23	cooling system and other appliances were operable currently at the time of this visit.
24	
25	<b>Food Service:</b> Non-perishable and perishable food supply is sufficient per regulations, and there are a
	variety of food types available for residents. Dishes and utensils were in sufficient supply and stored

properly, and sharp items are locked.

**Care & Supervision:** Facility has sufficient staff, currently three staff and five of five residents participating in activities and preparing for the noon day meal.

**NAME OF LICENSING PROGRAM MANAGER:** Jazmond D Harris

**NAME OF LICENSING PROGRAM ANALYST:** Venus Mixson

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 09/13/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 09/13/2024

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

LIC809 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1650 SPRUCE ST STE 200  
MS29-27  
RIVERSIDE, CA 92507

## FACILITY EVALUATION REPORT (Cont)

**FACILITY NAME:** ROSEMARY WARMLANDS SENIOR CARE, INC.

**FACILITY NUMBER:** 374604471

**VISIT DATE:** 09/13/2024

### NARRATIVE

- 1 **Administration:** Emergency exiting plans, telephone numbers and Ombudsman information and other
- 2 required signage are posted throughout the facility. Drills are conducted monthly and logged, the last
- 3 drill was conducted in August 26, 2024.
- 4 **Facility tests and logs water regularly:** Water was tested and logged on today and tested within
- 5 regulations. Fire extinguishers are charged and in the green.
- 6
- 7 **Training and Administrator Certificate:** LPA reviewed administrator's certification for Kristine M.
- 8 Skoglin, and it was current at the time of this visit with an expiration date of 06/04/2025. Training is done
- 9 in person every month by a certified Hospice Nurse and the last training was completed on 08/29/2024.
- 10
- 11 **Records Review:** LPA Mixson reviewed resident and staff files, conducted two staff interviews. LPA
- 12 Mixson reviewed current staff records and those reviewed have current Criminal Background Clearance,
- 13 current First Aid and CPR certification, and training's are current. Client records were reviewed and
- 14 contained required documents. Physician reports are current and TB test were completed at the time of
- 15 admission.
- 16
- 17 There were no Title 22, Division 6 Regulation violations observed or cited during today's visit.
- 18
- 19 **An exit interview** was conducted, and a copy of this report was discussed and given to Administrator,
- 20 Kristine M. Skoglin
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**NAME OF LICENSING PROGRAM MANAGER:** Jazmond D Harris

**NAME OF LICENSING PROGRAM ANALYST:** Venus Mixson

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 09/13/2024

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

FACILITY REPRESENTATIVE SIGNATURE: DATE: 09/13/2024