

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 374604947  
Report Date: 09/04/2025  
Date Signed: 09/04/2025 12:38:04 PM

Document Has Been Signed on 09/04/2025 12:38 PM - It Cannot Be Edited

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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: SANTIANNA OAKMONT SIGNATURE LIVING	FACILITY NUMBER: 374604947
ADMINISTRATOR/SAMPEDRO, TAMMIE DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 2560 FARADAY AVE	TELEPHONE: (442) 244-9251
CITY: CARLSBAD	STATE: CA
CAPACITY: 226	ZIP CODE: 92010
TYPE OF VISIT: Prelicensing	CENSUS: 149
	DATE: 09/04/2025
	UNANNOUNCED TIME VISIT/INSPECTION: 09:45 AM
	BEGAN: 09:45 AM
MET WITH: Executive Director Tammie Sampedro	TIME VISIT/INSPECTION: 12:45 PM
	COMPLETED:

NARRATIVE	
1	Licensing Program Analyst (LPA) Nacole Patterson conducted an announced Pre-Licensing visit. LPA
2	was met by applicant Tammie Sampedro and was granted entry into the facility. The purpose of today's
3	visit is to inspect the facility to ensure that the facility is in compliance with California Code of
4	Regulations, Title 22, Division 6. The fire inspection was completed on 04/22/2025 and the facility is
5	approved for 226 non-ambulatory residents, eight (8) of which may be bedridden in memory care first
6	and second floors. Delayed egress is approved in the facility's memory care on first and second floor.
7	
8	During today's visit, LPA toured the facility and inspected all common areas, outside spaces, and a
9	sampling of resident rooms across the facility. The facility was found to be clean, safe, and in good
10	repair with no pathway obstructions. Private and common resident bathrooms were observed to be
11	clean and the toilets and showers were found to be in working order. The facility's water temperature in
12	a sampling of resident bathrooms measured between 105-120 degrees Fahrenheit. LPA observed
13	locked storage areas where all hazardous and/or toxic chemicals were stored and secured. LPA
14	observed locked storage for resident medications and files. Fire extinguishers were observed throughout
15	the facility and found to be in compliance. Smoke detectors were observed in the facility to be in working
16	order. The facility has an outdoor pool that was gated and inaccessible to residents. LPA observed 7-day
17	supply of non-perishable food and a 2-day supply of perishable food. Required postings were observed
18	in a common area of the facility. LPA reviewed the applicant's Infection Control Plan and Emergency
19	Disaster Plan.
20	
21	LPA conducted Component III with the applicant. The topics discussed were continuing operation
22	
23	
24	requirements, record keeping/reporting, and physical plant compliance.
25	
	Pre-licensing is complete, and this facility has no deficiencies. It is recommended that this facility be licensed pending final review and approval. An exit interview was conducted with applicant Tammie

Sampedro, whose signature below confirms receipt of a copy of this report and the Licensee Appeal Rights (LIC9058 3/22).

**NAME OF LICENSING PROGRAM MANAGER:** Sabel Martinez

**NAME OF LICENSING PROGRAM ANALYST:** Nacole Patterson

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 09/04/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 09/04/2025

**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.