

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604544
Report Date: 09/11/2026
Date Signed: 09/11/2026 02:38:55 PM

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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: BONITA VILLA SENIOR LIVING		FACILITY NUMBER:	374604544
ADMINISTRATOR/REBECCA TOVES		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	3434 BONITA ROAD	TELEPHONE:	(619) 476-9444
CITY:	CHULA VISTA	STATE: CA	ZIP CODE: 91910
CAPACITY: 145		CENSUS: 82	DATE: 09/11/2026
TYPE OF VISIT:	Case Management - Legal/Non-compliance	UNANNOUNCEDTIME VISIT/INSPECTION	08:58 AM
MET WITH:	Amber Rodgers	BEGAN: TIME VISIT/INSPECTION	11:00 AM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Ramon Serrano conducted an unannounced Case Management Visit.
2	LPA Serrano was greeted by and discussed the purpose of the visit with Executive Director Amber
3	Rodgers.
4	
5	Today's case management visit is regarding the facilities NCC plan.
6	
7	During today's visit LPA reviewed staff coverage for the "AM" shift, conducted health and safety checks
8	and interacted with staff.
9	
10	One deficiency was cited during today's visit regarding a staff member who did not have a criminal
11	record clearance transfer and was not associated to the facility. An exit interview was conducted with
12	Amber Rodgers whom a copy of this report, LIC809D page, LIC 421BG page, and the Licensee/Appeal
13	Rights (LIC 9058) were provided. Their signature below confirms receipt of these documents.
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Robyn Clark
Ramon Serrano

DATE: 09/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/11/2026

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.

Created By: Ramon Serrano On 09/11/2026 at 01:04 PM
Link to Parent Document Below:

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

FACILITY NAME: BONITA VILLA SENIOR LIVING

FACILITY NUMBER: 374604544

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 09/11/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type A 09/11/2026 Section Cited CCR 87355(e)(3)	1	(e) All individuals subject to a criminal	1	Licensee stated that they will transfer S1's criminal record clearance and associate S1 to the facility by POC due date 9/12/26 and will send LPA verification.
	2	record review pursuant to Health and	2	
	3	Safety Code Section 1569.17(b) shall	3	
	4	prior to working, residing or	4	
	5	volunteering in a licensed facility:(3)	5	
	6	Request a transfer of a criminal record	6	
	7	clearance as specified in Section 87355(c) This requirement was not met as evidenced by:	7	
	8	Based on LPA observation, file review,	8	
	9	and interview, the licensee did not	9	
	10	ensure that all staff, prior to	10	
	11	employment, transfer their criminal	11	
	12	record clearance to the facility, which	12	
	13	poses an immediate health, safety, and	13	
	14	personal rights risk to 82 out of 82 persons in care.	14	
	1		1	
	2		2	
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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:	Ramon Serrano

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/11/2026