

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 374604545

Report Date: 02/06/2026

Date Signed: 02/06/2026 01:39:55 PM

Document Has Been Signed on 02/06/2026 01:39 PM - It Cannot Be Edited

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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	GARDENS AT ESCONDIDO	FACILITY NUMBER:	374604545
ADMINISTRATOR/MONICA FLORES		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(760) 480-8155
ADDRESS:	1342 NORTH ESCONDIDO BLVD	STATE:	CA
CITY:	ESCONDIDO	ZIP CODE:	92026
CAPACITY:	101	CENSUS:	73
TYPE OF VISIT:	Required - 1 Year	DATE:	02/06/2026
		UNANNOUNCED TIME VISIT/INSPECTION	10:00 AM
		BEGAN:	
MET WITH:	Monica Flores, Executive Director	TIME VISIT/INSPECTION	01:45 PM
		COMPLETED:	

### NARRATIVE

1 On 02/06/2026, Licensing Program Analyst (LPA), Jacqueline Shaw-Ross arrived at the facility  
2 unannounced to conduct a required annual inspection and met with Executive Director, Monica Flores.  
3 The facility file review was conducted at the Regional Office and additional forms were requested and  
4 reviewed on site. The facility is licensed for 101 elderly residents; ages 60 and above; all of whom may  
5 be non-ambulatory, ten (10) of which may be bedridden. A hospice waiver is approved for 18 residents;  
6 and approved for delayed egress.  
7  
8 LPA Shaw-Ross toured the facility, and inspected the facility inside and outside. There were no  
9 obstructions or debris to the indoor or outdoor passageways at the time of this visit. The facility consist  
10 of three levels for assisted living and one level for memory care.  
11  
12 **Physical Plant:** The facility phone number is (760) 480-8155 and is operable. LPA Shaw-Ross  
13 observed a sample the residents' living units, and each was equipped with required furniture as per Title  
14 22. LPA Shaw-Ross inspected a sample of the facility restrooms on the first floor as well as bathrooms  
15 in residents living units, and the hot water temperature tested within regulations. The bathrooms were  
16 clean, and appliances were operating appropriately, and there was liquid soap and paper towels  
17 currently at the time of this visit. The facility is equipped with operating smoke detectors, carbon  
18 monoxide alarms, and fire extinguishers. Carbon monoxide detectors, emergency lighting, and facility  
19 telephone were all in working order. LPA Shaw-Ross reviewed the facility's fire extinguisher logs,  
20 emergency fire drill log, and all are being serviced regularly. First aid kit(s) were complete and readily  
21 accessible. LPA Shaw-Ross observed required postings such as "If you See Something, Say  
22 Something" the "Personal Rights," along with the Ombudsman in common areas throughout the facility.  
23 The cleaning supplies and sharp items were kept locked and inaccessible to the residents in care. There  
24 is designated storage space for residents and staff files, that are inaccessible to residents in care  
25 currently at the time of this visit.

**Medications:** Were locked and inaccessible to residents in care, and there is a sufficient supply of medication for each resident. LPA reviewed a sample of resident medications to ensure medications are

dispensed accordingly. No medication errors were observed at the time of visit. The facility cooling system and other appliances were operable currently at the time of this visit.

**NAME OF LICENSING PROGRAM MANAGER:** Riksha Stamps  
**NAME OF LICENSING PROGRAM ANALYST:** Jacqueline Shaw Ross  
**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 02/06/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 02/06/2026

**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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
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**FACILITY NAME:** GARDENS AT ESCONDIDO

**FACILITY NUMBER:** 374604545

**VISIT DATE:** 02/06/2026

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p><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.</p> <p><b>Care &amp; Supervision:</b> Facility has sufficient staff on site at the time of this visit. Receptionist at the front desk, maintenance team, and house keeping teams were observed on each floor. Nurses and other care staff were in sufficient numbers for this facility type.</p> <p><b>Records Review:</b> LPA Shaw-Ross reviewed a sample of seven (7) resident and six (6) staff files, conducted resident and staff interviews, and reviewed previous Community Care Licensing forms. There were no Title 22, Division 6 Regulation violations observed or cited during today's visit.</p> <p><b>An exit interview</b> was conducted, and a copy of this report was discussed and provided to Executive Director, Monica Flores.</p>

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Rikeshia Stamps	
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Jacqueline Shaw Ross	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 02/06/2026

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 02/06/2026
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