

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604552
Report Date: 06/02/2026
Date Signed: 06/03/2026 08:38:11 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: ACORN OAKS MANOR II		FACILITY NUMBER:	374604552
ADMINISTRATOR/LIMPIN, ALEXANDER		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	6217 ACORN ST	TELEPHONE:	(619) 777-9674
CITY:	SAN DIEGO	STATE: CA	ZIP CODE: 92115
CAPACITY: 14		CENSUS: 11	DATE: 06/02/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/	
		INSPECTION	12:38 PM
		BEGAN:	
MET WITH:	Alexander Limpin Administrator	TIME VISIT/	
		INSPECTION	02:45 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analysts (LPA) Amy Domingo, made an unannounced visit to conduct the required
2	One-Year Inspection to ensure substantial compliance with Title 22 regulations. LPA Domingo was
3	granted entry after identifying herself and stating the purpose of the inspection Community Manager
4	Maria Williams. Later Licensee/Administrator Alex Limpin joined the visit.
5	
6	A tour of the facility was conducted which included a sample of resident units, the dining area, common
7	gathering areas, and food storage areas. There are no water features on site. Each resident had clean
8	and sufficient bed linens. All residents' rooms were equipped with the required furnishings. Residents'
9	bathrooms were observed to be sanitary and operational. Showers were equipped with grab bars. Hot
10	water temperature in residents' bathrooms were compliant.
11	
12	The facility is operating in accordance with their fire clearance. The smoke and carbon monoxide alarms
13	were present in each building. Emergency lighting, and facility telephone were all working. First aid kit
14	was complete and readily accessible in the kitchen area. Required licensing postings were observed in
15	visible areas of the facility. PPE supplies are on site. Indoor passageways were free from obstructions.
16	
17	Food was observed to be properly labeled. All food is prepared on the property and delivered to bedside
18	or residents can visit the common dining area for a meal. The food service area was observed to be
19	neat and clean. Food menus and activities schedule were posted. Centrally stored medications were
20	properly stored and locked in medication carts. Medications were labeled and kept in compliance with
21	label instructions.
22	
23	
24	[CONTINUED ON LIC 809-C]
25	

NAME OF LICENSING PROGRAM MANAGER: Simon Jacob	
NAME OF LICENSING PROGRAM ANALYST: Amy Domingo	

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/02/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/02/2026

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: ACORN OAKS MANOR II

FACILITY NUMBER: 374604552
VISIT DATE: 06/02/2026

NARRATIVE	
1	[CONTINUED FROM LIC 809]
2	
3	Resident records were reviewed and confirmed compliant. Administrator's certification is current. LPA
4	reviewed the theft and loss policy and procedures. LPA conducted a review of In-service training
5	procedures. LPA interviewed Administrator Alex Limpin was assured transportation procedures as well
6	as outside medical and dental assistance procedure are compliant.
7	
8	There is large common rooms used for dining and activities. LPA observed that residents were being
9	treated with dignity by staff, and there were sufficient staff on duty to meet resident's needs. LPA
10	interviewed staff and clients. LPA interviews did not raise any licensing concerns. LPA reviewed multiple
11	staff and client records/files. Files reviewed contained required documents. Confidential records were
12	stored in locked areas. the administrator presented proof of current/active business liability insurance.
13	LPA observed that residents were being treated with dignity by staff, and there were sufficient staff on
14	duty to meet resident's needs.
15	
16	No deficiencies were cited at the time of visit.
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18	An exit interview was conducted with Licensee/Administrator Alex Limpin to whom copies of this report
19	and the Licensee/Appeal Rights (LIC9058 03/22) were provided at the conclusion of the visit.
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NAME OF LICENSING PROGRAM MANAGER: Simon Jacob	
NAME OF LICENSING PROGRAM ANALYST: Amy Domingo	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 06/02/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/02/2026