

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604604
Report Date: 03/27/2026
Date Signed: 03/27/2026 06:33:20 PM

Document Has Been Signed on 03/27/2026 06:33 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
FACILITY EVALUATION REPORT		COMMUNITY CARE LICENSING DIVISION	
		SAN DIEGO RO, 7575 METROPOLITAN DR. #109	
		SAN DIEGO, CA 92108	
FACILITY NAME: PACIFICA SENIOR LIVING POWAY		FACILITY NUMBER:	374604604
ADMINISTRATOR/AZEMIKHAH, CAMERON		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	12750 GATEWAY PARK ROAD	TELEPHONE:	(858) 451-9933
CITY:	POWAY	STATE: CA	ZIP CODE: 92064
CAPACITY: 72		CENSUS: 59	DATE: 03/27/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/	
		INSPECTION	02:42 PM
		BEGAN:	
MET WITH:	Administrator Marisol Barajas	TIME VISIT/	
		INSPECTION	04:30 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Correia conducted an unannounced Required Annual Inspection. The
2	facility file was reviewed prior to the visit. LPA was greeted by the front lobby receptionist, identified
3	herself, and met with Administrator Barajas, to whom the purpose of the visit was explained. According
4	to the facility's license, the facility has a maximum capacity of seventy two (72) residents, all of whom
5	may be non-ambulatory. During today's inspection, there were a total of fifty-nine (59) residents in care.
6	
7	LPA Correia conducted a partial tour of the facility. Pathways were free of obstruction and slip hazards.
8	Client bedrooms that contain oxygen had the appropriate signage posted. LPA also observed the
9	Community Care Licensing and Long-Term Care Ombudsman postings displayed prominently and in the
10	correct dimensions. LPA observed several fire extinguishers, all up to date on inspections. The facility is
11	hard wired to the local fire department. LPA observed and tested carbon monoxide detectors, noted
12	evacuachairs at each staircase, and verified that the facility's liability insurance was current. The facility's
13	last disaster drill was conducted on March 25, 2026.
14	
15	The facility was observed to be clean, sanitary, and in good repair. No trip hazards were observed in the
16	inspected areas. Per Administrator Barajas, there are no firearms, weapons, or ammunition kept on the
17	premises. The facility does not have any bodies of water on the grounds. The facility had sufficient
18	space and equipment to facilitate laundry, visitation, meetings, and client activities.
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NAME OF LICENSING PROGRAM MANAGER: Robyn Clark
NAME OF LICENSING PROGRAM ANALYST: Debbie Correia

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/27/2026

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

LIC809 (FAS) - (06/04)

California Health & Human Services Agency

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California Department of Social Services

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	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: PACIFICA SENIOR LIVING POWAY **FACILITY NUMBER:** 374604604
VISIT DATE: 03/27/2026

NARRATIVE	
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2	LPA Correia began the required annual inspection today; however, due to time constraints, the
3	inspection will be continued at a later date. There were no deficiencies cited during today's visit.
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5	An exit interview was conducted with Administrator Barajas, to whom a copy of this report and the
6	Licensee/Appeal Rights (LIC 9058 03/22) will be provided during the visit. Signature below confirms
7	receipt of the report.
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NAME OF LICENSING PROGRAM MANAGER: Robyn Clark	
NAME OF LICENSING PROGRAM ANALYST: Debbie Correia	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 03/27/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 03/27/2026