

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604604

Report Date: 12/21/2022

Date Signed: 12/21/2022 01:36:17 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 744 P STREET, MS 9-14-8201 SACRAMENTO, CA 95814	
FACILITY EVALUATION REPORT			
FACILITY NAME: PACIFICA SENIOR LIVING POWAY		FACILITY NUMBER:	374604604
ADMINISTRATOR: AZEMIKHAH, CAMERON		FACILITY TYPE:	740
ADDRESS:	12750 GATEWAY PARK ROAD	TELEPHONE:	(858) 451-9933
CITY:	POWAY	STATE: CA	ZIP CODE: 92064
CAPACITY: 72		CENSUS:	DATE: 12/21/2022
TYPE OF VISIT: Office		ANNOUNCED	TIME BEGAN: 12:58 PM
MET WITH: Cameron Azemikhah		TIME	COMPLETED: 01:16 PM
NARRATIVE			
1	Facility Type: Residential Care Facility for the Elderly		
2	Application Type: Change of ownership		
3	Capacity: 72		
4	Census (if any clients in care): 0		
5	COMP II Participants: Cameron Azemikhah		
6	Interview Method: Telephone interview		
7	On December 21, 2022, applicant/administrator participated in COMP II.		
8	Identification of the applicant and administrator was verified through interview		
9	questions based on photo ID and other identifying personal information. During		
10	COMP II, applicant and administrator confirmed the understanding of the California		
11	Code Title 22 Regulations. Signed LIC 809 with copy of photo ID have been		
12	obtained.		
13	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of		
14	following areas:		
15	1. Facility operation: License type, client/resident populations, and program		
16	2. Admission Policies		
17	3. Staffing requirements & Training		
18	4. Restricted/Prohibited Health Conditions		
19	5. General provisions		
20	6. Emergency Preparedness		
21	7. Complaints & Reporting		
22	8. Pre-licensing readiness		
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Jude De La Concepcion			
NAME OF LICENSING PROGRAM ANALYST: Bethany Hunter			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/21/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/21/2022

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