

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604652
Report Date: 05/20/2025
Date Signed: 05/20/2025 02:31:35 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:	POWAY GARDENS SENIOR LIVING - OAKS	FACILITY NUMBER:	374604652
ADMINISTRATOR/DIRECTOR:	SHANNON HUNDLEY	FACILITY TYPE:	740
ADDRESS:	12742 MONTE VISTA ROAD	TELEPHONE:	(658) 674-1255
CITY:	POWAY	STATE:	CA
CAPACITY:	6	ZIP CODE:	92064
TYPE OF VISIT:	Required - 1 Year	CENSUS:	5
		DATE:	05/20/2025
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	09:00 AM
MET WITH:	Administrator, Melissa Watkins	TIME VISIT/INSPECTION COMPLETED:	01:30 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Marisela Garcia-Centeno conducted an unannounced Required
2	Annual Inspection. The facility file was reviewed prior to the visit. LPA identified herself to and discussed
3	the purpose of the visit with Executive Director/Administrator, Melissa Watkins and Resident Services
4	Director, (RSD), Sheryl Anding. All employees present had background checks on file.
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6	According to the facility's license, the facility has a maximum capacity of six clients, of whom all may be
7	non-ambulatory and approved for delayed egress, waiver granted for six (6) hospice care, dementia
8	plan submitted. During today's visit, four (4) residents were under care. One resident was out of the
9	community.
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11	LPA along with facility staff toured the interior and exterior of the facility and inspected each room. The
12	facility was sanitary, and in good repair. Pathways were free of obstruction and slip hazards. Resident
13	bedrooms were equipped with the required furnishing. Doors, windows, toilets, and showers were in
14	working order. The facility had sufficient space and equipment to facilitate dining, laundry, visitation,
15	meetings, and resident activities.
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17	There was at least 2 days of perishable food, and at least 7 days non-perishable food present, all safely
18	stored. Cooking/dining equipment and utensils were present. There were no sharp objects, toxic
19	chemicals/poisons, and/or fireplaces accessible to residents. Medications were labeled, as required, and
20	stored in locked areas.
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25	Cooking/dining equipment and utensils were present as required. There were no toxic
	chemicals/poisons accessible. Medications were locked and stored in a locked area for the residents in
	care.

NAME OF LICENSING PROGRAM MANAGER: Jennifer Lott
NAME OF LICENSING PROGRAM ANALYST: Marisela Garcia-Centeno
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/20/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/20/2025

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 III, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108</p>
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FACILITY NAME: POWAY GARDENS SENIOR LIVING - OAKS

FACILITY NUMBER: 374604652

VISIT DATE: 05/20/2025

NARRATIVE	
1	(Continue from LIC809)
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4	No pools or bodies of water on the premises. Per administration, no firearms or ammunition were kept at the facility. Fire alarms and carbon monoxide detectors, emergency lighting, and facility telephone were all in working order. Fire extinguisher(s) were present and serviced within one year. First aid kit was complete and readily accessible. Employee/resident files reviewed included all required documents, and training records were current.
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9	Emergency drills were conducted as required, the last emergency drill was conducted in April 2025, all employee files reviewed had current first aid certificates on file. Administrator certificate was current.
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11	Liability insurance was current with an expiration date of 4/1/2026. Hot water temperature at taps accessible to residents were all compliant. Room temperature was comfortable at 71 degrees.
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14	An exit interview was conducted with Resident Services Director, Sheryl Anding to whom a copy of this report and the Licensee/Appeal Rights were provided during the visit.
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NAME OF LICENSING PROGRAM MANAGER: Jennifer Lott	
NAME OF LICENSING PROGRAM ANALYST: Marisela Garcia-Centeno	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 05/20/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/20/2025
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