

FACILITY EVALUATION REPORT

Facility Number: 374604689  
Report Date: 10/02/2025  
Date Signed: 10/02/2025 03:42:07 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: PARKER VILLA		FACILITY NUMBER: 374604689	
ADMINISTRATOR/LYNN DRUMMONN DIRECTOR:		FACILITY TYPE: 740	
ADDRESS: 629 MICHAEL ST		TELEPHONE: (619) 625-6886	
CITY: OCEANSIDE		ZIP CODE: 92057	
CAPACITY: 6		DATE: 10/02/2025	
TYPE OF VISIT: Case Management - Annual Continuation		UNANNOUNCED TIME VISIT/ INSPECTION 01:00 PM	
MET WITH: Caregiver Roy Antes		BEGAN: TIME VISIT/ INSPECTION 03:45 PM	
		COMPLETED:	
NARRATIVE			
1	Licensing Program Analyst (LPA) Rebecca Borunda conducted an unannounced annual continuation		
2	visit to continue the annual inspection started on 9/22/2025. The facility file was reviewed prior to the		
3	visit. LPA was greeted by, identified herself to, and explained the purpose of the visit with Caregiver Roy		
4	Antes.		
5			
6	The facility is licensed for a maximum capacity of 6 residents, 1 ambulatory, 5 non-ambulatory, 1 of		
7	which may be bedridden in bedroom #6. The facility has a waiver for 5 hospice residents. During today's		
8	visit, the facility had a census of 6 residents, 2 of which (Residents 1 and 2) were bedridden due to		
9	being unable to reposition independently, which is in violation of the facility's approved fire clearance.		
10	[Staff were provided with an LIC811 Confidential Names List to identify R1 and R2] Interviews with staff		
11	and residents revealed that Administrator Lynn Drummond is not present at the facility enough hours to		
12	oversee its operation, and it was estimated that Drummond was present at the facility approximately		
13	once a month.		
14			
15	During visits on 9/22/25, 9/25/25, and 10/2/25, LPA toured the facility and inspected each room of the		
16	facility, including resident and staff rooms, bathrooms for resident and staff use, kitchen, garage,		
17	common areas, and outside space. No bodies of water were observed on the premises. LPA did not		
18	observe any aspects of delayed egress or secured perimeter. The facility was found to be clean, safe,		
19	and in good repair with no pathway obstructions. The facility's water temperature was measured at		
20	106.4 and 108.7 degrees Fahrenheit in bathrooms for resident use and 111.2 degrees Fahrenheit in the		
21	kitchen sink. The facility's internal temperature was measured at 76 degrees Fahrenheit. LPA observed		
22	locked storage for all hazardous and/or toxic chemicals and were stored separately from food supplies.		
23	According to Raymond Abedoza, no firearms or weapons are stored on the premises.		
24	Continued on LIC809-C page...		
25			
NAME OF LICENSING PROGRAM MANAGER: Sabel Martinez			

**NAME OF LICENSING PROGRAM ANALYST:** Rebecca A Borunda

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 10/02/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 10/02/2025

**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

**Page: 1 of 5**  
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.

LIC809 (FAS) - (09/23)

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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
<b>FACILITY EVALUATION REPORT (Cont)</b>	

**FACILITY NAME:** PARKER VILLA

**FACILITY NUMBER:** 374604689

**VISIT DATE:** 10/02/2025

NARRATIVE	
1	LPA also observed locked storage for resident medications and resident and staff files. Resident
2	medications are stored in their original container and labelled. LPA observed a minimum of a 2-day
3	supply of perishable food and a 7-day supply of non-perishable food present at the facility. The facility
4	refrigerator was kept at 42 degrees Fahrenheit, and the facility freezer was kept at 0 degrees
5	Fahrenheit. LPA observed linens and hygiene products provided to the residents that are in good repair
6	and sufficient to meet their needs. Staff present at the facility during the time of the inspection had a
7	criminal background clearance, were associated to the facility, and had a first aid certificate. LPA
8	reviewed multiple resident and staff records.
9	
10	The following deficiencies were cited for Administrator presence and over-capacity for bedridden
11	residents and noted on the attached LIC809-D pages. Additionally, a civil penalty in the amount of \$500
12	was assessed for over-capacity for bedridden and noted on the attached LIC421IM form.
13	
14	An exit interview was conducted with Caregiver Raymond Abedoza, whose signature below confirms
15	receipt of a copy of this report and the Licensee Appeal Rights (LIC9058 3/22).
16	
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Sabel Martinez	
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Rebecca A Borunda	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 10/02/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 10/02/2025

LIC809 (FAS) - (06/04)

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**Citations on this Visit Report are Under Appeal!**

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Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
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FACILITY NAME: PARKER VILLA

FACILITY NUMBER: 374604689

DEFICIENCY INFORMATION FOR THIS PAGE:


VISIT DATE: 10/02/2025

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

Under Appeal	Type A	Section Cited	CCR	87158(a)	
87158(a) A license shall be issued for a specific capacity which shall be the maximum number of residents which can be provided care at any give time...					
This requirement is not met as evidenced by:					
<b>Deficient Practice Statement</b>					
1	Based on observation, interview, and record review, the licensee did not comply with the section cited				
2	above in that the facility is only licensed for one bedridden resident and both R1 and R2 are bedridden,				
3	which poses an immediate safety risk to 6 of 6 residents in care.				
4					
<b>POC Due Date:</b> 10/03/2025					
<b>Plan of Correction</b>					
1	Licensee will either submit LIC200 and updated facility sketch requesting 2 bedridden residents or will				
2	submit a 30-day eviction notice for either R1 or R2 to the Department by POC due date of 10/3/2025.				
3					
4					
		<b>Section Cited</b>			

<b>Deficient Practice Statement</b>					
1					
2					
3					
4					
<b>POC Due Date:</b>					
<b>Plan of Correction</b>					
1					
2					
3					
4					

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Sabel Martinez
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Rebecca A Borunda
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 10/02/2025

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

## FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/02/2025

LIC809 (FAS) - (06/04)

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Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

 CALIFORNIA DEPARTMENT OF SOCIAL  
 SERVICES  
 COMMUNITY CARE LICENSING DIVISION  
 , 7575 METROPOLITAN DR. #109  
 SAN DIEGO, CA 92108

## FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: PARKER VILLA

FACILITY NUMBER: 374604689

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 10/02/2025

## DEFICIENCIES &amp; PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87405(a)
87405(a) ...The administrator shall have sufficient freedom from other responsibilities and shall be on the premises a sufficient number of hours...				
This requirement is not met as evidenced by:				
<b>Deficient Practice Statement</b>				
1	Based on interview, the licensee did not comply with the section cited above in that the Administrator			
2	was not present at the facility enough hours to oversee its operation which poses a potential safety and			
3	personal rights risk to 6 of 6 residents in care.			
4				
<b>POC Due Date:</b> 10/17/2025				
<b>Plan of Correction</b>				
1	Licensee will submit change of Administrator paperwork to change the listed Administrator and will submit			
2	a schedule showing that the new Administrator will be present at the facility a minimum of 20 hours a			
3	week to the Department by POC due date of 10/17/2025.			
4				

	Section Cited
<b>Deficient Practice Statement</b>	
1	
2	
3	
4	
<b>POC Due Date:</b>	
<b>Plan of Correction</b>	
1	
2	
3	
4	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM

Sabel Martinez

MANAGER:

NAME OF LICENSING PROGRAM

Rebecca A Borunda

ANALYST:

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 10/02/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 10/02/2025