

Department of  
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604689  
Report Date: 07/09/2026  
Date Signed: 07/09/2026 02:18:32 PM

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|                                                        |                                             |                                                                                                                                                  |                       |
|--------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY |                                             | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>SAN DIEGO RO, 7575 METROPOLITAN DR. #109<br>SAN DIEGO, CA 92108 |                       |
| FACILITY EVALUATION REPORT                             |                                             |                                                                                                                                                  |                       |
| FACILITY NAME: PARKER VILLA                            |                                             | FACILITY NUMBER:                                                                                                                                 | 374604689             |
| ADMINISTRATOR/ANNA EDIGARYVENA                         |                                             | FACILITY TYPE:                                                                                                                                   | 740                   |
| DIRECTOR:                                              |                                             |                                                                                                                                                  |                       |
| ADDRESS:                                               | 629 MICHAEL ST                              | TELEPHONE:                                                                                                                                       | (442) 266-2254        |
| CITY:                                                  | OCEANSIDE                                   | STATE: CA                                                                                                                                        | ZIP CODE: 92057       |
| CAPACITY: 6                                            |                                             | CENSUS: 5                                                                                                                                        | DATE: 07/09/2026      |
| TYPE OF VISIT:                                         | Case Management - Deficiencies              | UNANNOUNCED                                                                                                                                      | TIME VISIT/INSPECTION |
|                                                        |                                             |                                                                                                                                                  | 01:00 PM              |
| MET WITH:                                              | Caregivers Melba Umayam and Royranger Antes | BEGAN:                                                                                                                                           |                       |
|                                                        |                                             | TIME VISIT/INSPECTION                                                                                                                            | 02:00 PM              |
|                                                        |                                             | COMPLETED:                                                                                                                                       |                       |

| NARRATIVE |                                                                                                           |
|-----------|-----------------------------------------------------------------------------------------------------------|
| 1         | Licensing Program Analyst (LPA) Arian Golbakhsh conducted an unannounced Case Management visit            |
| 2         | to the facility. LPA was welcomed by, identified themselves to, and discussed the purpose of the visit to |
| 3         | Caregivers Melba Umayam and Royranger Antes.                                                              |
| 4         |                                                                                                           |
| 5         | While at the facility, LPA conducted records review and interviews with staff and residents. LPA had      |
| 6         | noted that there was no Absentee Notification Plan in place as required by California Health and Safety   |
| 7         | Code 1569.317. Staff interviews revealed confusion about what an Absentee Notification Plan was or        |
| 8         | what system/steps the facility has in place should a resident be noted missing from the facility.         |
| 9         |                                                                                                           |
| 10        | One deficiency was cited per California Code of Regulations, Title 22, Division 6 on the attached 809D.   |
| 11        | An exit interview was conducted with Managerial staff Patrick Condez over the phone, who gave             |
| 12        | permission to caregiver Antes to sign off on the report. Caregiver Antes was provided a copy of this      |
| 13        | report and the Licensee/Appeal Rights (LIC 9058). Their signature below confirms receipt of these         |
| 14        | documents.                                                                                                |
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|                                                    |
|----------------------------------------------------|
| NAME OF LICENSING PROGRAM MANAGER: Sabel Martinez  |
| NAME OF LICENSING PROGRAM ANALYST: Arian Golbakhsh |

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 07/09/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 07/09/2026

**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 III, 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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**Created By: Arian Golbakhsh On 07/09/2026 at 12:01 PM**  
**Link to Parent Document Below:**

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

FACILITY NAME: PARKER VILLA

FACILITY NUMBER: 374604689

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/09/2026

| Deficiency Type<br>POC Due Date /<br>Section Number      | DEFICIENCIES                                                                                                                                                                                                                                                                                                                 | PLAN OF CORRECTIONS(POCs)                                                                                                                                                                          |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type A<br>07/23/2026<br>Section Cited<br>HSC<br>1569.317 | 1 "Every residential care facility for the<br>2 elderly, as defined in Section 1569.2,<br>3 shall [...] develop and comply with an<br>4 absentee notification plan as part of the<br>5 written record of the care the resident<br>6 will receive in the facility [...]." This<br>7 requirement was not met, evidenced<br>by: | 1 Licensee will develop an Absentee<br>2 Notification Plan as required and<br>3 conduct a training with staff on the plan.<br>4 Licensee will submit a copy to LPA by<br>5 POC due date.<br>6<br>7 |
|                                                          | 8 Based on file review and interviews, the<br>9 Licensee did not have an Absentee<br>10 Notification Plan in place, which posed<br>11 an immediate health and safety risk to 5<br>12 out of 5 residents in care.<br>13<br>14                                                                                                 | 8<br>9<br>10<br>11<br>12<br>13<br>14                                                                                                                                                               |
|                                                          | 1<br>2<br>3<br>4<br>5<br>6<br>7                                                                                                                                                                                                                                                                                              | 1<br>2<br>3<br>4<br>5<br>6<br>7                                                                                                                                                                    |
|                                                          | 1<br>2<br>3<br>4<br>5<br>6<br>7                                                                                                                                                                                                                                                                                              | 1<br>2<br>3<br>4<br>5<br>6<br>7                                                                                                                                                                    |

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<br>MANAGER: | Sabel Martinez  |
| NAME OF LICENSING PROGRAM<br>ANALYST: | Arian Golbakhsh |

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 07/09/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 07/09/2026