

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604697
Report Date: 08/13/2026
Date Signed: 08/13/2026 04:57:35 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: FAITH VILLA		FACILITY NUMBER:	374604697
ADMINISTRATOR/DEGUZMAN,MA. MEVYL DIRECTOR:		FACILITY TYPE:	740
ADDRESS: 42 SIERRA WAY	STATE: CA	TELEPHONE:	(732) 829-1627
CITY: CHULA VISTA	CENSUS: 5	ZIP CODE:	91911
CAPACITY: 6	DATE:		08/13/2026
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION	09:20 AM
MET WITH: Caregivers, Yolanda Yance & Rhea Baun		BEGAN: TIME VISIT/ INSPECTION	01:15 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Marisela Garcia-Centeno conducted an unannounced visit to conduct
2	a Required Annual Inspection. The facility file was reviewed prior to the visit. LPA was welcomed by,
3	identified herself to, and discussed the purpose of the visit with Caregiver, Yolanda Yance. LPA then met
4	with Licensees Mevyl Deguzman, who arrived shortly after. All staff present at the facility had current
5	criminal record clearances.
6	
7	According to the facility's license, the facility has a maximum capacity for six (6) residents, of whom all
8	may be ambulatory or non-ambulatory, but none may be bedridden. During today's inspection, there
9	were a total of five (5) residents in care, of whom all were non-ambulatory. The facility's license does not
10	include endorsements for delayed-egress doors or secured perimeters, and none of these were present.
11	
12	LPA, accompanied by staff, toured the interior and exterior of the facility and inspected all common
13	areas and resident bedrooms. LPA interviewed multiple residents and multiple staff. LPA reviewed care
14	records for all residents and personnel records for all active staff.
15	
16	The facility was clean, sanitary, and in good repair. Pathways were free of obstruction and slip hazards.
17	Resident bedrooms contained the required furnishings. Doors, windows and screens, toilets, and
18	showers were working. Extra linens and hygiene supplies were present. The facility had sufficient space
19	and equipment to facilitate dining, laundry, visitation, meetings, and resident activities.
20	
21	(Continue at LIC809C)
22	
23	
24	
25	

Sabel Martinez
Marisela Garcia-Centeno

DATE: 08/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/13/2026

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

FACILITY NAME: FAITH VILLA	FACILITY NUMBER: 374604697
	VISIT DATE: 08/13/2026

NARRATIVE	
1	(continue from LIC809)
2	
3	The facility's ambient internal temperature was complaint at 74 F. Hot water temperature at taps
4	accessible to residents were all compliant: Refrigerator to preserve perishable food were also compliant
5	in temperature. There was at least two (2) days of perishable food, and at least seven (7) days non-
6	perishable food present, all safely stored. Cooking/dining equipment and utensils were present.
7	
8	There were no sharp objects, toxic chemicals/poisons, or open-faced heaters accessible to residents.
9	Medications were labeled, as required, and stored in locked areas. Confidential records were stored in
10	locked areas. Required licensing postings were observed in visible areas of the facility. Carbon
11	monoxide detector, smoke detectors, night lights, emergency lighting, and facility telephone were all
12	working. The facility's fire extinguisher had been serviced within the last twelve June 26, 2026. The
13	facility's fireplace was screened, as required. No pools/bodies of water were observed on the premises.
14	Per the Licensee, no firearms or ammunition are kept at the facility. Fire/disaster drills were performed at
15	required intervals. There were reserve supplies of Personal Protective Equipment (PPE). Licensee
16	presented proof of current business liability insurance, 10/3/2026.
17	
18	During records review of selected staff and residents did not disclose any violations.
19	
20	An exit interview was conducted with Licensees Mevyl Deguzman, to whom a copy of this report and the
21	Licensee/Appeal Rights (LIC9058 03/22) were provided during today's visit
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NAME OF LICENSING PROGRAM MANAGER: Sabel Martinez	
NAME OF LICENSING PROGRAM ANALYST: Marisela Garcia-Centeno	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/13/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/13/2026