

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604765
Report Date: 07/24/2025
Date Signed: 07/24/2025 02:44:37 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: BLUE SKIES OF THE HILL		FACILITY NUMBER:	374604765
ADMINISTRATOR/GAMAB, RAFAEL A		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	4875 MARBLEHEAD BAY DR	TELEPHONE:	(657) 203-4905
CITY:	OCEANSIDE	STATE: CA	ZIP CODE: 92057
CAPACITY: 6		CENSUS: 5	DATE: 07/24/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/	
		INSPECTION	09:20 AM
		BEGAN:	
MET WITH:	Caregiver Rina Canonizado	TIME VISIT/	
		INSPECTION	02:45 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Rebecca Borunda conducted an unannounced Required 1-Year visit.
2	The facility file was reviewed prior to the visit. LPA was greeted by, identified herself to, and explained
3	the purpose of the visit with Caregiver Rina Canonizado. LPA spoke with House Manager Lauren
4	DeLancey via telephone during the visit.
5	
6	The facility is licensed for a maximum capacity of 6 residents, 2 of which may be non-ambulatory in
7	bedroom #1. The facility has a waiver for 6 hospice residents. During today's visit, the facility had a
8	census of 5 residents, all of which were non-ambulatory and receiving hospice services. The
9	Administrator for the facility is Rafael Gamab and their certificate was valid and current.
10	During today's visit, LPA toured the facility and inspected each room of the facility, including resident
11	rooms, bathrooms for resident and staff use, kitchen, garage, common areas, and outside space. No
12	bodies of water were observed on the premises. Upon attempting to enter the facility, LPA observed a
13	locked gate with a keypad preventing access to the front door. Staff Canonizado exited the facility and
14	entered a code into the keypad which unlocked the gate and allowed LPA entrance into the facility. The
15	facility's approved fire clearance granted on 3/15/2024 did not note any use of locked perimeter or
16	delayed egress. LPA tested the gate during the facility tour and observed that the gate was locked from
17	both sides, preventing unobstructed egress in case of emergency. Additionally, a tour of the facility's
18	backyard revealed that the side gate was locked at the time of the inspection and had a doorknob with a
19	locking mechanism, further preventing egress is case of emergency. The facility was found to be clean,
20	safe, and in good repair. The facility's water temperature was measured at 107.2 degrees Fahrenheit at
21	the kitchen sink and 117.0 degrees Fahrenheit in a common bathroom. The facility's internal
22	temperature was measured at 73 degrees Fahrenheit.
23	Continued on LIC809-C page...
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Sabel Martinez
NAME OF LICENSING PROGRAM ANALYST: Rebecca A Borunda

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/24/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/24/2025

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

FACILITY NAME: BLUE SKIES OF THE HILL **FACILITY NUMBER:** 374604765
VISIT DATE: 07/24/2025

NARRATIVE	
1	LPA observed locked storage for all hazardous and/or toxic chemicals and were stored separately from
2	food supplies. According to Rina Canonizado, no firearms or weapons are stored on the premises. LPA
3	also observed locked storage for resident medications and resident and staff files. Resident medications
4	are stored in their original container and labelled. LPA observed a minimum of a 2-day supply of
5	perishable food and a 7-day supply of non-perishable food present at the facility. According to staff and
6	LPA observation, the facility refrigerator located in the kitchen was non-operational and was empty of
7	food supplies. The facility has a refrigerator and freezer located in the garage that was operational and
8	contained the perishable food supply. The garage refrigerator and freezer temperatures were kept within
9	regulatory levels. LPA observed linens and hygiene products provided to the residents that are in good
10	repair and sufficient to meet their needs.
11	
12	Staff present at the facility during the time of the inspection had a criminal background clearance and
13	had a first aid certificate. LPA reviewed multiple resident and staff records. Each resident record was
14	complete and contained a signed admission agreement, initial medical assessment, updated annual
15	reappraisal, documents regarding safeguarding personal property and personal rights. Review of
16	resident records revealed that 5 of 5 residents were deemed non-ambulatory due to either the diagnosis
17	of a major neuro-cognitive disease or the use of ambulation devices such as walkers and wheelchairs.
18	Additionally, review of hospice binders revealed that 3 of 5 residents (Residents 1, 2, and 4) did not
19	have hospice care plans. [Staff Canonizado was provided with an LIC811 Confidential Names list to
20	identify residents.] Each staff file was complete and contained a personnel record, first aid certificate,
21	fingerprint clearance, and a health screening. LPA was away from the facility for approximately one hour
22	between 11:10am and 12:10pm.
23	
24	The following deficiencies were cited for locked perimeter gates, over capacity for non-ambulatory
25	residents, and missing hospice care plans and noted on the attached LIC809-D pages. Additionally, two
26	civil penalties in the amount of \$500 each, totalling \$1,000 were assessed for locked perimeter and non-
27	ambulatory capacity and noted on the attached LIC421IM forms. Additionally, LIC9102TV Technical
28	Violations regarding staff association and shaded outdoor spaces were provided.
29	
30	An exit interview was conducted with House Manager Lauren DeLancey via telephone and Caregiver
31	Rina Canonizado, whose signature below confirms receipt of a copy of this report, the LIC421IMs, the
32	LIC811, the LIC9102TV forms, and the Licensee Appeal Rights (LIC9058 3/22).

NAME OF LICENSING PROGRAM MANAGER: Sabel Martinez	
NAME OF LICENSING PROGRAM ANALYST: Rebecca A Borunda	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 07/24/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/24/2025

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FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** BLUE SKIES OF THE HILL**FACILITY NUMBER:** 374604765**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 07/24/2025**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type A	Section Cited	CCR	87204(a)	
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Limitations -Capacity and Ambulatory Status

(a) A licensee shall not operate a facility beyond the conditions and limitations specified on the license, including specification of the maximum number of persons who may receive services at any one time. An exception may be made in the case of catastrophic emergency when the licensing agency may make temporary exceptions to the approved capacity.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on record review, the licensee did not comply with the section cited above in that 5 of 5 residents are non-ambulatory due to using ambulatory devices or diagnosis of major neuro-cognitive disease which poses an immediate safety risk to 5 of 5 residents in care.
2	
3	
4	
	POC Due Date: 07/25/2025
	Plan of Correction
1	House Manager will review facility paperwork to determine if a capacity change request has already been submitted to the Department and will either submit a copy of pending capacity change paperwork or will submit a new LIC200 and facility sketch requesting an increase is non-ambulatory clearance to the Department by POC due date of 7/25/2025.
2	
3	
4	

	Type A	Section Cited	CCR	87705(f)	
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Care of Persons with Dementia

(f) Licensees that lock exterior doors or perimeter fence gates shall meet the following initial and continuing requirements:

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation and interview, the licensee did not comply with the section cited above in that the front and side gates are locked without fire clearance approval, which poses an immediate health and safety risk to 5 of 5 residents in care.
2	
3	
4	
	POC Due Date: 07/28/2025
	Plan of Correction
1	House Manager called repair person to remove the locking mechanisms on both gates on 7/26/2025. House Manager will provide the Department proof of scheduling by 7/25/2025 and will submit photographs of the gates without locks to the Department by POC due date of 7/28/2025.
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 MANAGER:	Sabel Martinez
NAME OF LICENSING PROGRAM ANALYST:	Rebecca A Borunda
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 07/24/2025
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FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 07/24/2025

Created By: Rebecca A Borunda On 07/24/2025 at 01:28 PM
Link to Parent Document Below:

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FACILITY NUMBER: 374604765

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/24/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87633(b)	

Hospice Care for Terminally Ill Residents

(b) A current and complete hospice care plan shall be maintained in the facility for each hospice resident and include the following:

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on record review, the licensee did not comply with the section cited above in that 3 of 5 residents (R1, R2, and R4) did not have hospice care plans in their records which poses a potential health risk to 3 of 5 residents in care.
2	
3	
4	
	POC Due Date: 08/01/2025
	Plan of Correction
1	House Manager stated that she will obtain hospice care plans for R1, R2, and R4 from their hospice providers and will send copies of the care plans to the Department by POC due date of 8/1/2025.
2	
3	
4	

		Section Cited			
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	Deficient Practice Statement
1	
2	
3	
4	
	POC Due Date:
	Plan of Correction
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 MANAGER:	Sabel Martinez
NAME OF LICENSING PROGRAM ANALYST:	Rebecca A Borunda
LICENSING PROGRAM ANALYST SIGNATURE:	
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