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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604806
Report Date: 06/26/2026
Date Signed: 06/26/2026 03:48:41 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108

FACILITY NAME:	EVEREST AT OCEANSIDE		FACILITY NUMBER:	374604806
ADMINISTRATOR/ DIRECTOR:	MCBRIDE, FERLINA		FACILITY TYPE:	740
ADDRESS:	3500 LAKE BLVD.		TELEPHONE:	(760) 414-9411
CITY:	OCEANSIDE	STATE: CA	ZIP CODE:	92056
CAPACITY: 175		CENSUS: 113	DATE:	06/26/2026
TYPE OF VISIT:	Case Management - Deficiencies	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	01:40 PM
MET WITH:	Assistant Executive Director Matia Grochowiak		TIME VISIT/ INSPECTION COMPLETED:	03:55 PM

NARRATIVE

Licensing Program Analyst (LPA) Arian Golbakhsh conducted an unannounced Case Management visit to follow up on an incident reported to Community Care Licensing. LPA was welcomed by, identified themselves to, and discussed the purpose of the visit to Assistant Executive Director Matia Grochowiak .

Community Care Licensing received an Incident Report on 6/19/26 in which it was reported that on 6/18/26, a Resident (identified as R1) was being assisted by a staff member with a transfer from their bed to their wheelchair when R1 experienced a sudden loss of leg strength and the staff member assisted the resident to the floor. A second staff member arrived and both assisted the resident from the floor to their wheelchair and the resident reported a dull pain to the right knee. About 30 minutes later staff conducted a follow up check with R1 and no pain was reported and R1 was observed to be participating in activities. Three hours later, the resident reported severe pain to their right knee and emergency services were contacted and R1 was taken to the hospital where a right femur fracture was discovered.

During today's visit, LPA conducted file review and consulted with Assistant Executive Director Grochowiak and Business Office Manager Recce about R1's care/supervision needs and the facility's plan moving forward. R1 was not in the community and is receiving services at a nearby SNF (Skilled Nursing Facility). Per review of R1's file, it was noted in both R1's assessment (dated for April 2026) and service plan (dated for May 2026) that R1 required a two (2) assist for all transfers. R1 is additionally labeled as a fall risk in their file. Per review of the incident report and staff charting notes, only one (1) staff member was present assisting R1 with a transfer at the time of incident.

[Continued on LIC 809-C]

NAME OF LICENSING PROGRAM MANAGER: Sabel Martinez
NAME OF LICENSING PROGRAM ANALYST: Arian Golbakhsh

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/26/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/26/2026

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 **FACILITY EVALUATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108

FACILITY NAME: EVEREST AT OCEANSIDE **FACILITY NUMBER:** 374604806
VISIT DATE: 06/26/2026

NARRATIVE

[Continued from LIC 809]

A type A deficiency was cited per Title 22 regulations and is noted on the attached LIC 809D. The citation is issued for facility neglect in following R1's care plan and assessment outlining a need for two (2) person transfers. As this is a violation that resulted in an injury to an individual in care, a Zero Tolerance Violation Civil Penalty is being assessed in the total amount of $500.00 and details are noted on the attached LIC 421IM. Additional Civil Penalties are under review by the Community Care Licensing (CCL) Department and may be assessed at a later date.

One deficiency was cited during today's visit. An exit interview was conducted with Business Office Manager Sydney-Ann Recce to whom a copy of this report, the LIC 421IM form, and the Licensee/Appeal Rights (LIC 9058) were provided. Their signature below confirms receipt of these documents.

NAME OF LICENSING PROGRAM MANAGER: Sabel Martinez
NAME OF LICENSING PROGRAM ANALYST: Arian Golbakhsh
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 06/26/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/26/2026

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Created By: Arian Golbakhsh On 06/26/2026 at 02:43 PM
Link to Parent Document Below:

FACILITY NAME: EVEREST AT OCEANSIDE **FACILITY NUMBER:** 374604806

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 06/26/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/09/2026 **Section Cited** CCR 87468.2(a)(8)	87468.2: In addition to the rights listed in Section 87468.1 [...] residents in privately operated residential care facilities for the elderly shall have all of the following personal rights: (8)To be free from neglect [...] This requirement is not met as evidenced by:	R1 was transfered to a SNF (Skilled Nursing Facility) to meet current care needs. Licensee will conduct an in-service training with staff on care plans and transfer assisrtance. Licensee will submit this to LPA by POC due date.
	Based on file review and interviews, the Licensee did not ensure R1 was receiving transfer assistance as indicated in ther care plan, resulting in serious bodily injury to R1, posing an immediate health and safety risk to 1 out of 113 residents in care.	

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: Arian Golbakhsh

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/26/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/26/2026