

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 374604818  
Report Date: 08/06/2025  
Date Signed: 08/06/2025 02:57:05 PM

Document Has Been Signed on 08/06/2025 02:57 PM - It Cannot Be Edited

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</b>	

FACILITY NAME:	EPIC ASSISTANCE CARE HOME 4	FACILITY NUMBER:	374604818
ADMINISTRATOR/MESDJIAN, LIZA DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	1061 E BRADLEY AVE	TELEPHONE:	(818) 220-0282
CITY:	EL CAJON	STATE: CA	ZIP CODE: 92021
CAPACITY: 15		CENSUS: 14	DATE: 08/06/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	12:25 PM
MET WITH:	Administrator Silvana Huerta Caregiver Priscilla Dizon	BEGAN: TIME VISIT/ INSPECTION	02:57 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Angelica Boyles conducted an unannounced visit for a required annual
2	inspection. LPA was greeted by, identified herself to, and explained the purpose of the visit to caregiver
3	Priscilla Dizon and Administrator Silvana Huerta.
4	
5	The facility is licensed for a capacity of fifteen, all of whom may be non-ambulatory. The facility has a
6	waiver granted for hospice care for fifteen residents.
7	
8	LPA and caregiver toured the interior and exterior of the facility and inspected each room. The facility
9	was clean, sanitary, and in good repair. Pathways were well lit and free of obstruction and slip hazards.
10	Resident bedrooms allowed for easy passage and contained the required furnishings. Toilets, sinks, and
11	showers were in working order and bathroom sinks were compliant temperatures.
12	
13	There was at least 2 days of perishable food, and at least 7 days non-perishable food present, all safely
14	stored. Cooking/dining equipment and utensils were present. There were no toxic chemicals/poisons
15	accessible to residents. Medications were labeled and stored in a locked area.
16	
17	The facility has sufficient space and equipment to facilitate laundry, visitation, meetings, and resident
18	activities. The facility has locked areas for storage of sharp objects, medication, and confidential
19	resident and staff records.
20	
21	(CONTINUED ON LIC 809-C)
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Simon Jacob

**NAME OF LICENSING PROGRAM ANALYST:** Angelica Boyles

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 08/06/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 08/06/2025

**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.

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

**FACILITY NAME:** EPIC ASSISTANCE CARE HOME 4

**FACILITY NUMBER:** 374604818

**VISIT DATE:** 08/06/2025

<b>NARRATIVE</b>	
1	(CONTINUED FROM LIC 809)
2	
3	No bodies of water were observed at the facility. There were no toxic chemicals/poisons, fireplaces, or
4	open-faced heaters accessible to residents. Per Administrator, no firearms or ammunition are or will be
5	stored at the facility.
6	
7	Smoke alarms, carbon monoxide detectors, emergency lighting, and facility telephone were all
8	operational. All fire extinguisher(s) were serviced within the last twelve months. A complete first aid kit
9	was present. Required licensing postings were observed in visible areas of the facility.
10	
11	
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13	
14	LPA reviewed staff and resident records/files. The reviewed files contained required documents.
15	Confidential records were stored in locked areas. LPA interviewed staff and residents. The interviews did
16	not raise any significant licensing concerns. The Administrator presented proof of current/active
17	business liability insurance.
18	
19	No deficiencies were observed or cited during today's visit.
20	
21	An exit interview was conducted with Administrator Silvana Huerta, to whom a copy of this report and
22	the Licensee/Appeal Rights (LIC9058 03/22) were provided.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Simon Jacob	
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Angelica Boyles	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 08/06/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 08/06/2025
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