

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604818
Report Date: 08/28/2026
Date Signed: 08/28/2026 04:00:28 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: EPIC ASSISTANCE CARE HOME 4		FACILITY NUMBER:	374604818
ADMINISTRATOR/MESDJIAN, LIZA		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	1061 E BRADLEY AVE	TELEPHONE:	(818) 220-0282
CITY:	EL CAJON	STATE: CA	ZIP CODE: 92021
CAPACITY: 15		CENSUS: 15	DATE: 08/28/2026
TYPE OF VISIT:	Annual/Random	UNANNOUNCEDTIME VISIT/INSPECTION	12:40 PM
		BEGAN:	
MET WITH:	Caregiver Priscilla Dizon, and Administrator Silvana Huerta	TIME VISIT/INSPECTION	04:05 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Carmen Lopez conducted an unannounced required Annual
2	Inspection. LPA identified herself, and was granted entry by caregiver Priscilla Dizon. LPA discussed the
3	purpose of the visit with Administrator Silvana Huerta.
4	
5	According to the facility's license, there may be a maximum of 15 residents, all of whom may be non-
6	ambulatory in at any given time at the facility site. A waiver was granted for hospice care for 15
7	residents. During today's inspection, the facility's current census is 15 residents living at the facility.
8	There were 15 residents present at the facility site during the inspection.
9	
10	LPA inspected the interior and exterior of the facility and inspected each room. The facility was clean,
11	sanitary and in good repair. Pathways were free of obstruction and slip hazards. Client bedrooms
12	contained the required furnishings. Doors, windows, toilets, and showers were in working order. Extra
13	linens and hygiene supplies were present, as well as Personal Protective Equipment. The facility had
14	sufficient space and equipment to facilitate dining, laundry, visitation, meetings, and activities.
15	
16	The facility's ambient internal temperature was comfortable and compliant, at 77°F. Hot water
17	temperature at taps accessible to residents were mostly compliant and measured within the allotted
18	temperature ranges, 105°F - 120°F. There was one residents bathroom which measured hot water
19	temperature over the allotted temperature range, 125.4, and there were no hot water signs posted.
20	
21	There were at least 2 days of perishable food, and at least 7 days of non-perishable food present.
22	Cooking, dining equipment and utensils were present, and all safely stored. There were no toxic
23	chemicals or poisons accessible to residents. Medications were properly labeled, as required, and
24	stored in locked cabinet, which LPA inspected. The facility-maintained medication logs, which LPA
25	reviewed.
[CONTINUED ON LIC 809-C]	



DATE: 08/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/28/2026

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

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: EPIC ASSISTANCE CARE HOME 4 **FACILITY NUMBER:** 374604818
VISIT DATE: 08/28/2026

NARRATIVE	
1	[CONTINUED FROM LIC 809]
2	
3	No pools or bodies of water on the premises. Per caregiver Dizon, no firearms or ammunition are kept at
4	the facility. Carbon monoxide detectors, emergency lighting, and the facility telephone were all working.
5	Fire extinguishers were present (03) and serviced within the last 12 months. The first aid kit and manual
6	were complete and readily accessible. The fireplace was made inaccessible to residents in care.
7	
8	LPA briefly spoke with residents and staff, and reviewed staff records, but a continuation is needed to
9	review client records. LPAs visit did not raise any licensing concerns. The files that LPA reviewed
10	contained the required documents. Confidential records were stored in a locked area. Required
11	licensing postings were observed in a visible area of the facility.
12	
13	There was a deficiency observed and cited during today's annual inspection A continuation inspection
14	will be completed at a later date.
15	
16	An exit interview was conducted with caregiver Priscilla Dizon, to whom a copy of this report, along with
17	the Licensee/Appeal Rights (LIC9058 03/22), were provided at the conclusion of the visit. The signature
18	below confirms that the documents were received.
19	
20	LPA requested Administrator Huerta to submit a current Designation of Administrative Responsibility
21	(LIC 308), Personnel Report (LIC 500), and Emergency Disaster Plan (LIC610-E) to the licensing office
22	within 10 business days. Forms are available at www.cclid.ca.gov .
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NAME OF LICENSING PROGRAM MANAGER: Robyn Clark	
NAME OF LICENSING PROGRAM ANALYST: Carmen Lopez	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/28/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/28/2026

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** EPIC ASSISTANCE CARE HOME 4**FACILITY NUMBER:** 374604818**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 08/28/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 08/29/2026 Section Cited CCR 80088(e)(1)	1 (e) (1) Hot water temperature controls 2 shall be maintained to automatically 3 regulate temperature of hot water 4 delivered to plumbing fixtures used by 5 clients to attain a hot water temperature 6 of not less than 105 degrees F (40.5 7 degrees C) and not more than 120 degrees F (48.8 degrees C)... This requirement is not met as evidenced by:	1 Facility agreed to reduce the hot water 2 temperature 3 4 5 6 7
	8 Based on observations the licensee did 9 not comply with the section cited above 10 in one out of the three sinks did not 11 measure within the allotted temperature 12 ranges, which posed an immediate 13 safety risk to person(s) in care. 14	8 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	8 9 10 11 12 13 14	8 9 10 11 12 13 14

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		Robyn Clark
MANAGER:		
NAME OF LICENSING PROGRAM		Carmen Lopez
ANALYST:		
LICENSING PROGRAM ANALYST SIGNATURE:		
		DATE: 08/28/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		
		DATE: 08/28/2026