

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604885
Report Date: 03/23/2026
Date Signed: 03/23/2026 12:02:48 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
FACILITY EVALUATION REPORT		COMMUNITY CARE LICENSING DIVISION	
		SAN DIEGO RO, 7575 METROPOLITAN DR. #109	
		SAN DIEGO, CA 92108	
FACILITY NAME: AGING GRACEFULLY CARE OF TRI-CITY		FACILITY NUMBER:	374604885
ADMINISTRATOR/PALAD, IRENE		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	3218 MIRA MESA AVENUE	TELEPHONE:	(760) 207-6488
CITY:	OCEANSIDE	STATE: CA	ZIP CODE: 92056
CAPACITY: 6		CENSUS: 5	DATE: 03/23/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	09:15 AM
		BEGAN:	
MET WITH:	Caregiver Elisa Que	TIME VISIT/INSPECTION	12:05 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 Elisa Que. Administrator Irene Palad arrived during the visit.
4	
5	The facility has a licensed capacity of 6 non-ambulatory residents and has a hospice waiver for 6
6	residents. As of 1/6/2026, the facility has a pending fire clearance request to increase the facility's
7	capacity to 6 non-ambulatory residents, 1 of which may be bedridden. During today's visit, the facility
8	had a census of 5 residents. The Administrator for the facility is Irene Palad and their certificate was
9	valid and current.
10	
11	During today's visit, LPA inspected each room of the facility, including resident rooms, private and
12	common bathrooms, kitchen, garage, common areas, and outside space. No bodies of water, delayed
13	egress, or secured perimeter were observed on the premises. The facility was found to be clean, safe,
14	and in good repair with no pathway obstructions. LPA observed linens and hygiene products for resident
15	use. The facility's ambient temperature was measured within regulatory requirements at multiple
16	locations. The water temperature was measured at 130.8 degrees Fahrenheit in a common bathroom.
17	Administrator Palad turned down the water heater during the visit. LPA observed locked storage for
18	hazardous and/or toxic chemicals, which were stored separately from food supplies. Observation of the
19	locked medication closet revealed that residents' daily medications were pre-poured into daily pillboxes.
20	Additionally, review of the kitchen refrigerator revealed multiple medications which were not kept in
21	locked storage. According to Irene Palad, no firearms or weapons are stored on the premises.
22	
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: 03/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/23/2026

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 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: AGING GRACEFULLY CARE OF TRI-CITY

FACILITY NUMBER: 374604885
VISIT DATE: 03/23/2026

NARRATIVE	
1	LPA observed a minimum supply of 2-days of perishable food and 7-days of non-perishable food. The refrigerator and freezer temperatures were kept within requirements. Staff present at the facility had a criminal background clearance and association. LPA reviewed multiple resident and staff records. The following deficiencies were cited for unsecured medications, medications not stored in their original container, and hot water temperature and noted on the attached LIC809-D pages. An exit interview was conducted with Caregiver Elisa Que, whose signature below confirms receipt of a copy of this report and the Licensee Appeal Rights (LIC9058 3/22).
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NAME OF LICENSING PROGRAM MANAGER: Sabel Martinez	
NAME OF LICENSING PROGRAM ANALYST: Rebecca A Borunda	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 03/23/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 03/23/2026

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FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** AGING GRACEFULLY CARE OF TRI-CITY**FACILITY NUMBER:** 374604885**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 03/23/2026**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type A	Section Cited	CCR	87465(h)(2)	
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Incidental Medical and Dental Care Services

(h) The following requirements shall apply to medications which are centrally stored: (2) Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, the licensee did not comply with the section cited above in that resident medications were stored in the unsecured kitchen refrigerator which poses an immediate health and safety risk to 5 of 5 residents in care.
	POC Due Date: 04/03/2026
	Plan of Correction
1 2 3 4	Administrator relocated the medications to the refrigerator in the facility garage during the visit and will be obtaining a lock box to store medications that require refrigeration. Administrator will conduct in-service training with staff regarding medication administration and storage and will provide the Department with a photo of the lockbox and a copy of the staff sign in sheet by POC due date of 4/3/2026.

		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
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DEFICIENCY INFORMATION FOR THIS PAGE:

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DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87303(e)(2)	

Maintenance and Operation	
(2) Faucets used by residents for personal care such as shaving and grooming shall deliver hot water. Hot water temperature controls shall be maintained to automatically regulate the temperature of hot water used by residents to attain a temperature of not less than 105 degree F (41 degrees C) and not more than 120 degree F (49 degrees C).	
This requirement is not met as evidenced by:	
	Deficient Practice Statement
1 2 3 4	Based on observation, the licensee did not comply with the section cited above in that the hot water was measured at 130.8 degrees F in a common bathroom, which posed a potential safety risk to 5 of 5 residents in care.
	POC Due Date: 04/03/2026
	Plan of Correction
1 2 3 4	Administrator turned down the hot water heater during the visit. Staff will conduct regular hot water temperature checks and log the reading from 3/24/2026 through 3/30/2026. Administrator will provide a copy of the hot water log to the Department by POC due date of 4/3/2026.

	Type B	Section Cited	CCR	87465(h)(5)	
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Incidental Medical and Dental Care Services	
(h) The following requirements shall apply to medications which are centrally stored: (5) Each resident's medication shall be stored in its originally received container. No medications shall be transferred between containers.	
This requirement is not met as evidenced by:	
	Deficient Practice Statement
1 2 3 4	Based on observation, the licensee did not comply with the section cited above in that 5 of 5 residents' daily medications were prepped into daily pillboxes, which poses a potential health and safety risk to 5 of 5 residents in care.
	POC Due Date: 04/03/2026
	Plan of Correction
1 2 3 4	Administrator stated that staff will no longer prepour medications. Administrator will conduct in-service training with staff regarding medication administration and storage and will provide the Department with a copy of the staff sign in sheet by POC due date of 4/3/2026.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

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