

# CITY OF ESCONDIDO

## Discretionary Permits Application

- |  |   |
|--|---|
| <input type="checkbox"/> ZONE CHANGE/PREZONE               | <input type="checkbox"/> PRELIMINARY DEVELOPMENT PLAN |
| <input checked="" type="checkbox"/> CONDITIONAL USE PERMIT | <input type="checkbox"/> MASTER DEVELOPMENT PLAN      |
| <input type="checkbox"/> GRADING EXEMPTION                 | <input type="checkbox"/> PRECISE DEVELOPMENT PLAN     |
| <input type="checkbox"/> TENTATIVE TRACT MAP               | <input type="checkbox"/> PLANNED UNIT APPROVAL        |
| <input type="checkbox"/> VESTED TENTATIVE MAP              |   |
| <input type="checkbox"/> VARIANCE                          |   |
| <input type="checkbox"/> CONDOMINIUM PERMIT/CONVERSION     |   |

\*\*\*\* CASE NO. \_\_\_\_\_

**NOTE:** If multiple applications are anticipated they can be filed concurrently.

- MODIFICATION TO:**
- |  |
|--|
| <input type="checkbox"/> MASTER DEVELOPMENT PLAN           |
| <input type="checkbox"/> PRECISE DEVELOPMENT PLAN          |
| <input checked="" type="checkbox"/> CONDITIONAL USE PERMIT |
| <input type="checkbox"/> PLANNED UNIT APPROVAL             |
| <input type="checkbox"/> SUBDIVISION                       |

APPLICANT TO COMPLETE SECTION BELOW

**COMPLETE DESCRIPTION OF PROJECT AND TYPE OF REQUEST:**

- See Attached -

**SITE INFORMATION:**

ASSESSOR'S PARCEL NUMBER 235-180-32

PROPERTY ADDRESS 1817 Avenida Del Diablo, Escondido, CA 92029

CURRENT ZONING R-1-10

CURRENT GENERAL PLAN \_\_\_\_\_

ENVIRONMENTAL STATUS \_\_\_\_\_

**OWNER**

NAME PALOMAR POMERADO HOSPITAL DISTRICT

ADDRESS 215 So. Hickory, Ste. 310 PHONE 619-489-4282

CITY & STATE Escondido, CA 92025

SIGNATURE *Robert M. Edwards*  
Robert M. Edwards

**APPLICANT**

NAME Same - See above

ADDRESS \_\_\_\_\_ PHONE 619-489-4073

CITY & STATE \_\_\_\_\_

SIGNATURE *Mark A. Burmaster*  
Mark A. Burmaster



MAILING ADDRESS LIST OF MPR

DIVISION EL OPERATOR 01 COPY 1

PAGE 2

KLEIS DOROTHY I  
1840 AVENIDA DEL DIABLO  
ESCONDIDO CA 92025

NORMAN BILLY D+ETHEL J  
1834 AVENIDA DEL DIABLO ST  
ESCONDIDO CA 92025

FULTON HAROLD TR  
1816 AVENIDA DEL DIABLO  
ESCONDIDO CA 92025

E1011 2350010400 04020  
PALOMAR POMERADO HOSPITAL  
DISTRICT  
UNKNOWN ADDRESS 00000

E1011 2350012100 04020  
BARTON GLENN E+KATHY  
1786 LORRY LANE  
ESCONDIDO CA 92025

E1011 2350012200 04020  
LESH M FREDERICK JR+LESH THELMA  
L TRS ET AL  
P O BOX 477  
ESCONDIDO CA 92025

E1011 2351803200 04025  
LESH H FREDERICK JR+LESH THELMA  
L TRS ET AL  
P O BOX 477  
ESCONDIDO CA 92025

E1011 2351900800 04021  
LESH H FREDERICK JR+LESH THELMA  
L TRS ET AL  
P O BOX 477  
ESCONDIDO CA 92025

E1011 2351901500 04025  
LESH H FREDERICK JR+LESH THELMA  
L TRS ET AL  
P O BOX 477  
ESCONDIDO CA 92025

E1011 2351901600 04025  
SUNRISE MARILYN A  
2300 E VALLEY PARKWAY 1212  
ESCONDIDO CA 92027

E1011 2351901700 04025  
STIMPSON JOSEPH R+CAROL S  
1418 AUTUMN WOODS PLACE  
ESCONDIDO CA 92025

E1011 2351901800 04025  
SPENCER WILLIAM P+DEBRA L  
1426 AUTUMN WOODS PLACE  
ESCONDIDO CA 92025

E1011 2353400100 04025  
GRUMBERG WALTER A JR+LYNETTE  
A (DVA)  
1434 AUTUMN WOODS PLACE  
ESCONDIDO CA 92025

E1011 2353400200 04025  
YEARLEY JAMES A+BEITH A  
1442 AUTUMN WOODS PLACE  
ESCONDIDO CA 92025

E1011 2353400300 04025  
HUEL WAYNE L+CLOY A  
14752 ROBERTO RIO ROAD  
PCWAY CA 92064

E1011 2353400400 04025  
REMOND FRANK X JR+SUSAN E  
1458 AUTUMN WOODS PLACE  
ESCONDIDO CA 92025

E1011 2353400500 04025  
BENEFC DALE L+SHARI L ET AL  
1466 AUTUMN WOODS PLACE  
ESCONDIDO CA 92025

E1011 2353400600 04025  
LODES EDWARD+PATRICIA  
227 H LANG AVE  
WEST COVINA CA 91790

E1011 2353400700 04025

E1011 2353400800 04025

E1011 2353400900 04025

MAILING ADDRESS LIST OF MPR

DIVISION E1 OPERATOR 01 COPY 1

COLLIER JOHN W JR+PRISCILLA S A  
1482 AUTUMN WOODS PLACE  
ESCONDIDO CA 92025

BUDER BRUCE W+LINDA A  
1470 AUTUMN WOODS PLACE  
ESCONDIDO CA 92025

SHORRUM JAMES P+TERESA A  
1502 AUTUMN WOODS PLACE  
ESCONDIDO CA 92025

E1011 2353401000 04025  
MARSEH WALLACE+VIOLA O  
775 JOHATHON PLACE  
ESCONDIDO CA 92027

E1011 2353401100 04025  
RENICK C BOYANNE  
1518 AUTUMN WOODS PLACE  
ESCONDIDO CA 92025

E1011 2353401200 04025  
HALLSTROM WILS O  
3442 PRINGLE ST #15  
SAN DIEGO CA 92110

E1011 2353401300 04025  
ANTHONY JAY+ANGEL S  
1536 AUTUMN WOODS PLACE  
ESCONDIDO CA 92025

E1011 2353401400 04025  
PARADIS EDWARD T+KATHERINE A  
1562 AUTUMN WOODS PLACE  
ESCONDIDO CA 92025

E1011 2353401500 04025

E1011 2353401600 04025

E1011 2353401700 04025



CERTIFIED LIST

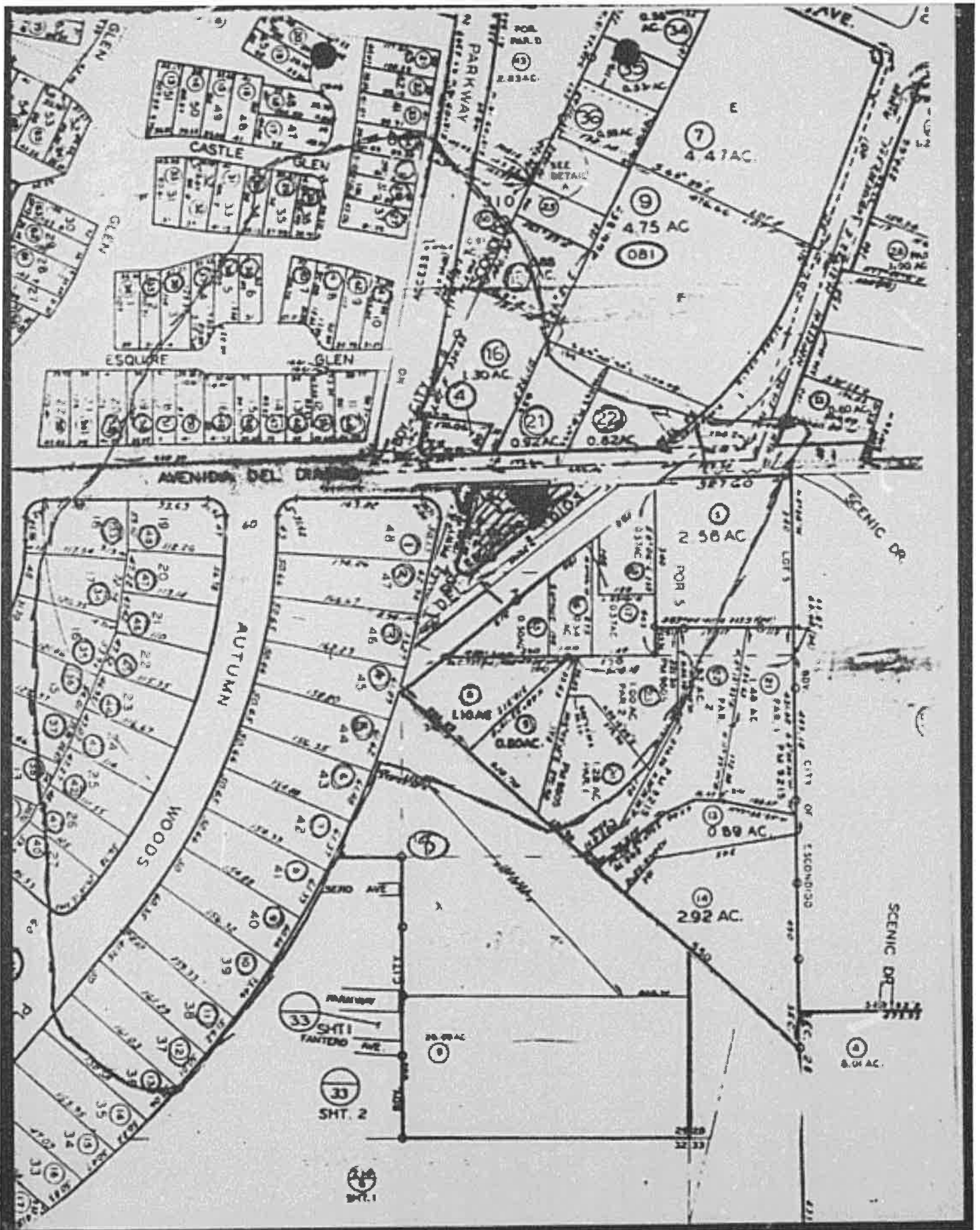
I certify that the attached document is a complete list of the Assessor's Parcel Number of all properties within 300 feet of the exterior boundaries of the property described in this application.

This list was taken from the latest adopted San Diego County Tax Roll, and any update thereto, maintained in the office of the San Diego County Tax Assessor on 9/26, 19 86.

Signature

Date

Gregory J. Lawrence  
10/20/86





# PALOMAR POMERADO HOSPITAL DISTRICT

## BOARD OF DIRECTORS

Chairman: HOWARD E. BROOKS, MD  
 President: 1981-1982  
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 Director: PAUL C. ALLAN, MD  
 Director: E. B. BELL, MD  
 President and  
 Chief Executive Officer: ROBERT M. EDWARDS

10/21/86

This application is for the purpose of obtaining a modification to conditional use permit, case no. 81-193-CUP, for the conversion and operation of a 96 bed Intermediate Care Facility to a Skilled Nursing Facility.

The following list of facts are submitted in response to requirements of the Escondido Zoning Code:

1) The building will continue to be E-shaped, of Spanish design, with the surrounding grounds in grass, trees, and shrubbery. It is important to note that neither the building exteriors nor the landscaping will be altered during the course of this conversion. In addition, the existing bed total at 96 will be maintained. The conversion of this facility will not include any additional beds.

2) People in residence at the home will be mostly senior citizens who are ambulatory, but require nursing care. Although the acuity level of patients at this facility will be increased, we do not expect to have an abundance of nightly ambulance noise.

3) The staff will include administrative and nursing personnel, housekeepers, cooks, and a maintenance man. The employee per shift breakdown will approximate the following:

Day Shift: 30 employees  
 Evening Shift: 14 employees  
 Night Shift: 6 employees

CITY OF ESCONDIDO

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The greatest number of employees we expect to have on the job at any one time is 40. This will typically occur during the day/evening shift change (3:00 - 3:30pm). Please note that adequate parking has been assured and is currently provided for.

4) The need to convert the existing Intermediate Care Facility to a Skilled Nursing Facility is substantial. Please note that the conversion will not have a detrimental effect on the neighboring properties and that noise will not be a factor. It is very doubtful that neighboring citizens will even recognize the conversion of this facility.

The Palomar Pomerado Hospital District is very interested in meeting the growing needs of the elderly who need comprehensive convalescent nursing care, thus your consideration and approval of our request is greatly appreciated.

PARKING ANALYSIS  
PALOMAR CONVALESCENT CENTER

Presently, we are not experiencing a parking problem with 35 parking spaces and 42 employees working at the Palomar Convalescent Center (currently an Intermediate Care facility). Per a recent employee survey, we determined that our staff arrive at work as follows:

60% drive alone  
16% car pool  
10% walk  
9% ride bus  
5% dropped off

When the facility is converted to a Skilled Nursing Home, we plan to staff each shift as follows:

DAY SHIFT: (7:00am - 3:30pm) - 30 employees  
EVENING SHIFT: (3:00pm - 11:30pm) - 14 employees  
NIGHT SHIFT: (11:00pm - 7:30pm) - 6 employees

Although thirty (30) and fourteen (14) employees will work the day and evening shifts respectively, two (2) employees from each shift (four (4) total) will assume part-time positions. The hours of these positions follow:

DAY SHIFT: (7:00am - 11:00am)  
EVENING SHIFT: (4:00pm - 8:00pm)

Given the above, then, we have determined that the maximum parking required at any one time will be during the Day/Evening shift change (forty (40) employees). In applying the above noted percentages, however, we have concluded the following:

40 employees x 60% (drive)  
40 employees x 16% (carpool)  
  
= 24.0 (DRIVE) + 6.4 (CARPOOL)

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Assuming the six (6) persons carpooling travel in three (3) cars, then a total of twenty seven (27) parking spaces would be required.

The eight (8) remaining parking spaces (35-27) are adequate for visitors as they typically approximate 6-8 visits (total) per day. These visits average one hour.

Finally, it should also be noted that when the facility is converted from ICF to SNF status, a flexible staffing pattern will be utilized when appropriate to more effectively spread the staff and provide a more balanced coverage of care. Given this factor, it is unlikely that even forty (40) employees (as estimated above) would be at the facility during the regularly scheduled day/evening shift change, thus reducing the facility's parking demand during the 3:00pm-3:30pm time period.

Based upon the above analysis, it is our belief that we have ample parking to meet the demands of residents, their families, and staff.



"Your Health is Our Concern"

## PALOMAR POMERADO HOSPITAL DISTRICT

### BOARD OF DIRECTORS

Chairman: HOWARD E. SPOHN, M.D.  
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Vice Chairman: EDWARD H. LYON  
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 Escondido

Director: PAUL C. MILLER, M.D.  
 Pico

Director: E.W. "BILL" SMITH  
 Escondido

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President and  
 Chief Executive Officer: ROBERT M. EDWARDS

### PROJECT DESCRIPTION

The applicant is requesting a modification to a previously issued C.U.P. (Case #81-193-C.U.P.) for the Palomar Convalescent Center (formerly Parkway Terrace), located at 1817 Avenida Del Diablo, Escondido, CA 92026. The modification is being requested in response to the facility's conversion from a 31,000 s.f. Intermediate Care Facility to a Skilled Nursing Facility (same size) in the R-1-10 zone.

OF ESCONDIDO

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215 S. HICKORY ST. SUITE 310, ESCONDIDO, CALIFORNIA 92025 (619) 489-4764