

Department of

# SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

Facility Number: 370800558

Report Date: 05/28/2021

Date Signed: 06/01/2021 02:39:28 PM

**Document Has Been Signed on 06/01/2021 02:39 PM - It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108	
<b>FACILITY EVALUATION REPORT</b>			
FACILITY NAME: ST PAUL'S MANOR		FACILITY NUMBER: 370800558	
ADMINISTRATOR: DAMIEN RAPP		FACILITY TYPE: 740	
ADDRESS: 2635 SECOND AVE		TELEPHONE: (619) 239-2097	
CITY: SAN DIEGO		STATE: CA ZIP CODE: 92103	
CAPACITY: 200		CENSUS: 96 DATE: 05/28/2021	
TYPE OF VISIT: Case Management - Other		UNANNOUNCED TIME BEGAN: 05:15 PM	
MET WITH: Director of Nursing Lisa Codina		TIME COMPLETED: 06:20 PM	
<b>NARRATIVE</b>			
1	Licensing Program Analyst (LPA) Debbie Correia conducted an unannounced case management visit to		
2	ensure confirmation of removal of S1 (see LIC 811 for confidential names). LPA Correia identified herself		
3	and met with the Director of Nursing Lisa Codina, and explained the purpose of the visit.		
4			
5	Director Codina confirmed with Human Resource Director Cory Fish that S1 was never an employee nor		
6	an applicant at the facility. A copy of the Decision and Order of Individual Exclusion (OIE) was emailed to		
7	the Director of Nursing for reference. No deficiencies were cited during today's visit.		
8			
9	An exit interview was conducted with Director of Nursing Lisa Codina, and a copy of this report along		
10	with the LIC 811, Licensee Rights (LIC 9058) and the OIE have been given for facility records via email.		
11	An electronic receipt of confirmation was requested to be sent by the Licensee upon receipt of the		
12	documents.		
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NAME OF LICENSING PROGRAM MANAGER: Simon Jacob			
NAME OF LICENSING PROGRAM ANALYST: Debbie Correia			

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 05/28/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 05/28/2021

**This report must be available at Child Care and Group Home facilities for public review for 3 years.**