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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 370804788
Report Date: 11/10/2020
Date Signed: 03/30/2023 02:45:42 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108

FACILITY NAME:	CASA EL CAJON		FACILITY NUMBER:	370804788
ADMINISTRATOR:	REBECCA RAYO		FACILITY TYPE:	740
ADDRESS:	306 SHADY LANE		TELEPHONE:	(619) 440-1335
CITY:	EL CAJON	STATE: CA	ZIP CODE:	92021
CAPACITY: 99		CENSUS: 92	DATE:	11/10/2020
TYPE OF VISIT:	Case Management - Other	UNANNOUNCED	TIME BEGAN:	02:00 PM
MET WITH:	Administrator Rebecca Rayo		TIME COMPLETED:	03:48 PM

NARRATIVE

Regional Manager (RM), Icela Estrada; Licensing Program Manager (LPM), Simon Jacob, County of San Diego Nurse Contractor Elizar Perez; California Department Public Health (CDPH), Health Facility Evaluator Nurse (HFEN), Jacqueline Ruegg with the HAI Program, conducted an on-site visit. RM, LPM and team identified themselves and discussed the purpose of the visit with Administrator, Rebecca Rayo.

The Department conducted an on-site visit to provide technical assistance and to evaluate the facility's disinfection, testing surveillance, and screening protocols as well as the use of personal protective equipment. During today's visit, the team interviewed Administrator Rebecca Rayo and the team conducted a walk-though of the facility. A debriefing was conducted with Ms. Rayo at the conclusion of the visit.

During today's visit, no deficiencies were issued. An exit interview was conducted with Ms. Rayo and a copy of this report, along with Licensee Rights (LIC 9058 01/16), were provided to the Administrator via electronic mail. An electronic receipt of confirmation was requested to be sent by the Administrator upon receipt of the documents.

NAME OF LICENSING PROGRAM MANAGER: Kimberly Lyon
NAME OF LICENSING PROGRAM ANALYST: Simon Jacob

LICENSING PROGRAM ANALYST SIGNATURE:	
	**DATE:** 11/10/2020
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	**DATE:** 11/10/2020

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