

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 370804823

Report Date: 10/25/2021

Date Signed: 10/25/2021 10:54:44 AM

Document Has Been Signed on 10/25/2021 10:54 AM **- It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
FACILITY EVALUATION REPORT		COMMUNITY CARE LICENSING DIVISION	
		CCLD Regional Office, 7575 METROPOLITAN DR. #109	
		SAN DIEGO, CA 92108	
FACILITY NAME: ST. PAUL'S VILLA		FACILITY NUMBER:	370804823
ADMINISTRATOR: ELEANOR DOWNING		FACILITY TYPE:	740
ADDRESS: 2340 FOURTH AVENUE		TELEPHONE:	(619) 232-2996
CITY: SAN DIEGO	STATE: CA	ZIP CODE:	92101
CAPACITY: 200	CENSUS: 99	DATE:	10/25/2021
TYPE OF VISIT: Case Management - Incident	UNANNOUNCED	TIME BEGAN:	09:50 AM
MET WITH: LaTressa Downing		TIME COMPLETED:	10:05 AM
NARRATIVE			
1	Licensing Program Analyst (LPA) Rebecca Ruiz conducted an unannounced case management visit to		
2	follow up on multiple incidents. LPA was greeted by, identified herself to, and explained the purpose of		
3	the visit to Administrator Eleanor "LaTressa" Downing.		
4			
5	The facility self reported Resident 1's (R1) elopement that occurred on 10/14/2021 (See LIC811 for		
6	Confidential Names List). Facility staff observed R1 walking outside the facility and escorted R1 back to		
7	the facility. The facility also reported two additional incidents that occurred on 8/20/2021 and 8/21/2021		
8	respectively.		
9			
10	During the visit, LPA interviewed and discussed the facility's Absentee Notification Plan with the		
11	Administrator and Director of Nursing.		
12			
13	No deficiencies were cited during today's visit. An exit interview was conducted with Administrator		
14	LaTressa Downing, to whom a copy of this report and the Licensee Rights (LIC9058 01/16) were		
15	provided via email.		
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NAME OF LICENSING PROGRAM MANAGER: Alexandre Vo			
NAME OF LICENSING PROGRAM ANALYST: Rebecca A Ruiz			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/25/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/25/2021

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