

Department of

# SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

Facility Number: 371881362

Report Date: 08/26/2022

Date Signed: 08/26/2022 11:55:56 AM

**Document Has Been Signed on 08/26/2022 11:55 AM - It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 744 P STREET, MS 9-14-8201 SACRAMENTO, CA 95814	
<b>FACILITY EVALUATION REPORT</b>			
FACILITY NAME: GOLDEN SUNSET VILLA LIVING		FACILITY NUMBER:	371881362
ADMINISTRATOR: LU, MARK		FACILITY TYPE:	740
ADDRESS: 1995 SUNSET DRIVE		TELEPHONE:	(858) 397-8381
CITY: ESCONDIDO	STATE: CA	ZIP CODE:	92025
CAPACITY: 6	CENSUS: 5	DATE:	08/26/2022
TYPE OF VISIT: Office	UNANNOUNCED	TIME BEGAN:	11:00 AM
MET WITH: Mark Lu, Administrator		TIME COMPLETED:	11:55 AM
<b>NARRATIVE</b>			
1	<b>Component II completion: Successful</b>		
2			
3			
4	Facility Type: <b>Residential Care Facility for Elderly (RCFE)</b>		
5	Application Type: <b>Change in Ownership (CHOW)</b>		
6	Capacity: <b>6</b>		
7	Census (if any clients in care): <b>5</b>		
8	COMP II Participants: <b>Mark Lu, Administrator</b>		
9	Interview Method: <b>Telephone interview</b>		
10			
11	On August 26, 2022 at 11:00 AM, Administrator participated in COMP II. Administrator was verified		
12	through interview questions based on photo ID and other identifying personal information. During COMP		
13	II, Administrator confirmed the understanding of the California Code Title 22 Regulations.		
14			
15	During COMP II, CAB analyst confirmed Administrator's understanding of following areas:		
16	1. Facility Operation: License type, client/resident populations, and program.		
17	2. Admission Policies		
18	3. Staffing Requirements & Training		
19	4. Restrictive/Prohibited Health Conditions		
20	5. General Provisions		
21	6. Emergency Preparedness		
22	7. Complaints & Reporting		
23	8. Pre-licensing Readiness		
24			
25	Exit interview conducted with Administrator. Report sent via email pdf and informed Administrator to return sign form to CAB by end of business today.		
NAME OF LICENSING PROGRAM MANAGER: Darla Neeley			
NAME OF LICENSING PROGRAM ANALYST: Celia Phomphachanh			

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 08/26/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 08/26/2022

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