

## 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

NARRATIVE	
1	<b>Component II completion: Successful</b>
2	
3	
4	Facility Type: Residential Care Facility for Elderly (RCFE)
5	Application Type: Change in Ownership (CHOW)
6	Capacity: 6
7	Census (if any clients in care): 5
8	COMP II Participants: Mark Lu, Administrator
9	Interview Method: Telephone interview
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.**