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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 371881590
Report Date: 12/12/2024
Date Signed: 12/12/2024 02:41:39 PM

Document Has Been Signed on 12/12/2024 02:41 PM **- It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 744 P STREET, MS 9-14-8201 SACRAMENTO, CA 95814

FACILITY NAME:	SHADOWRIDGE SENIOR LIVING		FACILITY NUMBER:	371881590
ADMINISTRATOR/ DIRECTOR:	FUHRMAN, MICHELE		FACILITY TYPE:	740
ADDRESS:	2354 WATSON WAY		TELEPHONE:	(760) 295-3888
CITY:	VISTA	STATE: CA	ZIP CODE:	92081
CAPACITY: 48		CENSUS:	DATE:	12/12/2024
TYPE OF VISIT:	Office	ANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	02:30 PM
MET WITH:			TIME VISIT/ INSPECTION COMPLETED:	03:00 PM

NARRATIVE

COMP II by CAB successfully completed

Facility Type: RCFE
Application Type: CHOW
Capacity: 48
Census (if any clients in care): 38
Method: Telephone call with CAB
COMP II Participants: Michele Fuhrman, Administrator; Scott Kirby, CEO; Shannon Betker, analyst.

Applicant/administrator participated in COMP II at CAB via telephone call with analyst at CAB. Identification of the applicant and administrator was verified by confirming driver's license number. During COMP II, applicant and administrator confirmed the understanding of Title 22. Component II was successfully completed. Applicant and administrator were advised to email/fax signed LIC 809 with copy of photo ID to CAB.

During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of following areas:
1. Facility operation: License type, client/resident populations, and program
2. Admission Policies

3. Staffing requirements & Training
4. Restrictive/Prohibited Health Conditions
5. General provisions
6. Emergency Preparedness
7. Complaints & Reporting
8. Pre-licensing readiness

NAME OF LICENSING PROGRAM MANAGER: Jude De La Concepcion
NAME OF LICENSING PROGRAM ANALYST: Shannon Betker
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 12/12/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/12/2024

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