

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374600026

Report Date: 08/22/2024

Date Signed: 08/23/2024 06:52:06 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, , CA
FACILITY EVALUATION REPORT	

FACILITY NAME: SILVERGATE SAN MARCOS RETIREMENT RESIDENCE	FACILITY NUMBER: 374600026
ADMINISTRATOR/JOAN RINK-CARROLL	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 1550/1560 SECURITY PLACE	TELEPHONE: (760) 744-4484
CITY: SAN MARCOS	STATE: CA
CAPACITY: 160	CENSUS: 95
TYPE OF VISIT: Case Management - Other	UNANNOUNCED TIME VISIT/ INSPECTION DATE: 08/22/2024
	INSPECTION BEGAN: 11:15 AM
MET WITH: Administrator Joan Rink-Carroll	TIME VISIT/ INSPECTION COMPLETED: 04:00 PM

NARRATIVE

1 Licensing Program Analyst (LPA) Debbie Correia conducted an unannounced visit to obtain signatures
2 on an amended report. During today's visit, LPA was greeted by the Lead Front Desk Receptionist
3 Edgar Baltazar, identified herself and met with Administrator Rink-Carroll and discussed the purpose of
4 the visit.
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6 During today's visit, LPA obtained Administrator's signature on an amended version of a report originally
7 delivered on August 14, 2024.
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9 An exit interview was conducted with Administrator Rink-Carroll a and a copy of this report and the
10 Licensee Appeal Rights (LIC 9058 3/22) were provided.
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SUPERVISORS NAME: Simon Jacob
LICENSING EVALUATOR NAME: Debbie Correia

LICENSING EVALUATOR SIGNATURE:



DATE: 08/22/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/22/2024

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