

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374600378
Report Date: 12/02/2020
Date Signed: 12/02/2020 03:23:31 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
FACILITY EVALUATION REPORT	

FACILITY NAME: CYPRESS COURT ESCONDIDO	FACILITY NUMBER: 374600378
ADMINISTRATOR: DANIEL-HERR, DONNA	FACILITY TYPE: 740
ADDRESS: 1255 N. BROADWAY	TELEPHONE: (760) 747-1940
CITY: ESCONDIDO	STATE: CA
CAPACITY: 293	ZIP CODE: 92026
TYPE OF VISIT: Case Management - Other	CENSUS: 136
MET WITH: Donna Daniel-Herr, Administrator	ANNOUNCED
	DATE: 12/02/2020
	TIME BEGAN: 10:30 AM
	TIME COMPLETED: 12:35 PM

NARRATIVE	
1	Licensing Program Manager, Denise Powell, County of San Diego Nurse Contractors, Robert
2	Montillano, and Susan Brackman; and California Department Public Health (CDPH), Health Facility
3	Evaluator Nurse (HFEN), Michelle Hose with the HAI Program, conducted an on-site visit. LPM and
4	public health team identified themselves and discussed the purpose of the visit with Administrator,
5	Donna Daniel-Herr and Assisted Living Director Lisa Chavarria.
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7	The Department conducted the on-site visit to provide technical assistance and to evaluate the facility's
8	disinfection, testing surveillance, screening protocols as well as the use of personal protective
9	equipment. During today's visit, the team interviewed Ms. Daniel-Herr and Ms. Chavarria and conducted
10	a walk-through of the facility. A debriefing was conducted with the Administrator at the conclusion of the
11	visit.
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13	During today's visit, no deficiencies were issued. An exit interview was conducted with the Administrator
14	and a copy of this report, along with Licensee Rights (LIC 9058 01/16), were provided to her via
15	electronic mail. An electronic receipt of confirmation was requested to be sent upon receipt of the
16	documents.
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NAME OF LICENSING PROGRAM MANAGER: Icela Estrada
NAME OF LICENSING PROGRAM ANALYST: Denise Powell

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/02/2020

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/02/2020

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