

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 374600566  
Report Date: 10/04/2024  
Date Signed: 10/04/2024 09:35:23 AM

Document Has Been Signed on 10/04/2024 09:35 AM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
--	---

FACILITY NAME: REDWOOD TERRACE	FACILITY NUMBER: 374600566
ADMINISTRATOR/LEIF CAMERON	FACILITY TYPE: 741
DIRECTOR:	
ADDRESS: 710 WEST 13TH AVENUE	TELEPHONE: (760) 747-4306
CITY: ESCONDIDO	STATE: CA
CAPACITY: 210	ZIP CODE: 92025
TYPE OF VISIT: Case Management - Health Checks	CENSUS: 163
	DATE: 10/04/2024
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 08:45 AM
MET WITH: Administrator, Lisa Alhambra	TIME VISIT/INSPECTION
	COMPLETED: 09:50 AM

NARRATIVE	
1	Licensing Program Analyst (LPA) Kathleen Banrasavong conducted an unannounced case management
2	visit to the facility. LPA met with Administrator, Lisa Alhambra, LPA explained the nature of the visit and
3	was granted entry into the facility. The purpose of this visit is to conduct a verification visit at the facility
4	to ensure that the individual has been removed.
5	
6	The purpose of today's visit is to conduct a follow up visit for an Immediate Exclusion letter for staff 1
7	(S1). S1 was not present during today's visit. LPA was informed by Administrator, Lisa Alhambra that S1
8	was termed on 08/01/2024 and has not worked at the facility since 08/01/2024. LPA requested and
9	obtained S1's termination paperwork. LPA conducted a tour of the facility. There was no health and
10	safety concerns at this time.
11	
12	Based on evidence obtained during today's visit, the LPA has verified the individual is not present,
13	employed or residing at the facility. LPA has advised the licensee to disassociate the individual from their
14	roster and submit an updated LIC 500.
15	
16	No deficiencies were cited during this visit. An exit interview was conducted where this report, an 811
17	was provided and discussed and provided to the Administrator, Lisa Alhambra.
18	
19	
20	
21	
22	
23	
24	
25	

SUPERVISORS NAME: Jazmond D Harris  
LICENSING EVALUATOR NAME: Kathleen Banrasavong

**LICENSING EVALUATOR SIGNATURE:**

A rectangular box for the licensing evaluator's signature, containing a small icon of a document with a green checkmark in the top-left corner.

**DATE:** 10/04/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**

A rectangular box for the facility representative's signature, containing a small icon of a document with a green checkmark in the top-left corner.

**DATE:** 10/04/2024

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