

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374601134
Report Date: 04/13/2021
Date Signed: 04/13/2021 10:44:30 AM

Document Has Been Signed on 04/13/2021 10:44 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, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
FACILITY EVALUATION REPORT	

FACILITY NAME: SUNRISE AT LA COSTA	FACILITY NUMBER: 374601134
ADMINISTRATOR: LAVENDER, WESLEY D	FACILITY TYPE: 740
ADDRESS: 7020 MANZANITA ST	TELEPHONE: (760) 930-0060
CITY: CARLSBAD	STATE: CA
CAPACITY: 120	ZIP CODE: 92008
TYPE OF VISIT: Case Management - Incident	CENSUS: 67
MET WITH: Executive Director, Wesley Lavender	DATE: 04/13/2021
	UNANNOUNCED TIME BEGAN: 09:28 AM
	TIME COMPLETED: 10:19 AM

NARRATIVE	
1	Licensing Program Analyst (LPA) Kristina Ryan, and Licensing Program Manager (LPM) Alexandre Vo,
2	conducted an unannounced case management virtual visit, due to the COVID-19 pandemic. LPA and
3	LPM identified themselves, and stated the purpose of the visit to Executive Director, Wesley Lavender.
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5	The facility self-reported an incident regarding Resident 1 (R1) to Community Care Licensing on
6	February 22, 2021. The incident report stated that on February 15, 2021, R1 was hospitalized with an
7	injury. On February 27 2021, R1 passed away.
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9	On today's date, LPA and LPM toured the facility, requested copies of facility records, and interviewed
10	staff. No deficiencies were cited at this time.
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12	An exit interview was conducted with Executive Director, Wesley Lavender to whom a copy of this
13	report, LIC811 Confidential Names list, and the Licensee/Appeal Rights (9058 01/16) were provided via
14	e-mail. An electronic read receipt verifies receipt of these documents.
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NAME OF LICENSING PROGRAM MANAGER: Simon Jacob
NAME OF LICENSING PROGRAM ANALYST: Kristina Ryan

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/13/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/13/2021

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