

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374601560
Report Date: 12/06/2024
Date Signed: 12/06/2024 01:19:09 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
FACILITY EVALUATION REPORT		COMMUNITY CARE LICENSING DIVISION	
		SAN DIEGO RO, 7575 METROPOLITAN DR. #109	
		SAN DIEGO, CA 92108	
FACILITY NAME: GLENBROOK ASSISTED LIVING		FACILITY NUMBER:	374601560
ADMINISTRATOR/HARNESS, SADIE		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(760) 704-6800
ADDRESS: 1950 CALLE BARCELONA	STATE: CA	ZIP CODE:	92009
CITY: CARLSBAD	CENSUS: 70	DATE:	12/06/2024
CAPACITY: 95	UNANNOUNCED TIME VISIT/	INSPECTION	09:45 AM
TYPE OF VISIT: Required - 1 Year	BEGAN:	TIME VISIT/	
	INSPECTION	COMPLETED:	01:30 PM
MET WITH: Executive Director Sadie Harness			

NARRATIVE	
1	Licensing Program Analyst (LPA) Nacole Patterson conducted an unannounced Required Annual
2	Inspection. The facility file was reviewed prior to the visit. LPA was welcomed by and discussed the
3	purpose of the visit to Executive Director Sadie Harness. The facility's license shows a maximum
4	capacity of ninety-five (95) non-ambulatory residents, ages 60 and above. During today's inspection
5	there were 70 residents in care.
6	
7	LPA, Executive Director Sadie Harness, Wellness Coordinator Snezana Skrbic, and Operations
8	Manager David Sharp toured the interior and exterior of the facility and inspected each room. The facility
9	was clean, sanitary, and in good repair. Pathways were free of obstruction and slip hazards. Client
10	bedrooms contained the required furnishings. Doors, windows, screens, toilets, and showers were in
11	working order. Extra linens and hygiene supplies were present, as well as Personal Protective
12	Equipment. The facility had sufficient space and equipment to facilitate dining, laundry, visitation,
13	meetings, and client activities. The facility contained at least 2 days of perishable food, and at least 7
14	days non-perishable food, all safely stored. Cooking, dining equipment, and utensils were present. No
15	toxic chemicals or poisons were accessible to clients. Medications were labeled, as required, and stored
16	in locked areas. No pools or bodies of water exist on the premises. Per Executive Director Sadie
17	Harness, no firearms or ammunition are kept at the facility. Carbon monoxide detectors, emergency
18	lighting, and facility telephone were all in working order. Fire extinguisher(s) were serviced within the last
19	12 months. First aid kit(s) were complete and readily accessible. Required licensing postings were
20	observed in visible areas of the facility.
21	
22	LPA interviewed staff and clients, and reviewed facility records. The files reviewed by LPA contained
23	required documents. Confidential records were stored in locked areas.
24	
25	No deficiencies were cited during the inspection. An exit interview was conducted with Executive
	Director Sadie Harness to whom a copy of this report and the Licensee/Appeal Rights (LIC9058 03/22)
	were provided.

NAME OF LICENSING PROGRAM MANAGER: Jennifer Lott
NAME OF LICENSING PROGRAM ANALYST: Nacole Patterson
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 12/06/2024

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 12/06/2024

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