

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374603114

Report Date: 12/21/2020

Date Signed: 12/21/2020 01:19:49 PM

Document Has Been Signed on 12/21/2020 01:19 PM - 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: GARDEN ABODE	FACILITY NUMBER: 374603114
ADMINISTRATOR: MELISSA DEUSSEN	FACILITY TYPE: 740
ADDRESS: 17067 COYOTE BUSH DRIVE	TELEPHONE: (858) 776-9730
CITY: SAN DIEGO	STATE: CA ZIP CODE: 92127
CAPACITY: 6	CENSUS: 5 DATE: 12/21/2020
TYPE OF VISIT: Case Management - Other	UNANNOUNCED TIME BEGAN: 10:45 AM
MET WITH: Administrator Melissa Deussen	TIME COMPLETED: 12:00 PM

NARRATIVE	
1	Licensing Program Manager (LPM), Simon Jacob, conducted an on-site health and safety check.
2	LPM identified himself and discussed the purpose of the visit with Administrator Melissa Deussen.
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4	LPM conducted a walk-though of the facility. The facility was provided PPE during
5	the visit. A debriefing was conducted with Administrator Melissa Deussen at the conclusion
6	of the visit.
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9	During today's visit, no deficiencies were issued. An exit interview was conducted with Administrator
10	Melissa Deussen and a copy of this report, along with Licensee Rights (LIC 9058 01/16), were provided
11	to the Administrator via electronic mail. An electronic receipt of confirmation was requested to be sent by
12	the Administrator upon receipt of the document.
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NAME OF LICENSING PROGRAM MANAGER: Kimberly Lyon

NAME OF LICENSING PROGRAM ANALYST: Simon Jacob

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 12/21/2020

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 12/21/2020

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