

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374603231

Report Date: 12/30/2020

Date Signed: 12/31/2020 08:39:09 AM

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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: BELMONT VILLAGE CARDIFF		FACILITY NUMBER:	374603231
ADMINISTRATOR: ASHLEY MARCELLUS		FACILITY TYPE:	740
ADDRESS: 3535 MANCHESTER AVE		TELEPHONE:	(760) 436-8900
CITY: CARDIFF BY THE SEA	STATE: CA	ZIP CODE:	92007
CAPACITY: 175	CENSUS: 134	DATE:	12/30/2020
TYPE OF VISIT: Case Management - Other	ANNOUNCED	TIME BEGAN:	01:30 PM
MET WITH: Mary Jane Rodriguez, interim ED		TIME COMPLETED:	03:35 PM
NARRATIVE			
1	Licensing Program Manager (LPM) Denise Powell, County of San Diego Nurse		
2	Contractors, Robert Montinello and Melanie Rodriguez; and California Department		
3	Public Health (CDPH), Health Facility Evaluator Nurse (HFEN), Michelle House with		
4	the HAI Program, conducted an on-site visit. LPM and team identified themselves		
5	and discussed the purpose of the visit with interim Executive Director (ED) Mary		
6	Jane Rodriguez. Administrator Ashley Marcellus participated in discussions via		
7	telephone.		
8			
9			
10	The Department conducted an on-site visit to provide technical assistance and to		
11	evaluate the facility's mitigation plan to include disinfection, testing surveillance, and		
12	screening protocols as well as the use of personal protective equipment (PPE).		
13	During today's visit, the team interviewed Administrator and other facility staff and		
14	conducted a walk-through of the facility, including Memory Care areas. A debriefing		
15	was conducted at the conclusion of the visit.		
16			
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18			
19	During today's visit, no deficiencies were issued. An exit interview was conducted		
20	with the Administrator and other facility staff and a copy of this report, along with		
21	Licensee Rights (LIC 9058 01/16), were provided via electronic mail. An electronic		
22	receipt of confirmation was requested to be sent by the facility representative upon		
23	receipt of the documents.		
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Iccla Estrada			
NAME OF LICENSING PROGRAM ANALYST: Denise Powell			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/30/2020

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/30/2020

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