

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374603279
Report Date: 08/24/2021
Date Signed: 08/25/2021 09:24:38 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 | |

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| FACILITY NAME: BELMONT VILLAGE SABRE SPRINGS | FACILITY NUMBER: 374603279 |
| ADMINISTRATOR: INAN LINTON | FACILITY TYPE: 740 |
| ADDRESS: 13075 EVENING CREEK DR S | TELEPHONE: (858) 486-5020 |
| CITY: SAN DIEGO | STATE: CA ZIP CODE: 92128 |
| CAPACITY: 184 | CENSUS: 129 DATE: 08/24/2021 |
| TYPE OF VISIT: Required - 1 Year | UNANNOUNCED TIME BEGAN: 01:30 PM |
| MET WITH: Executive Director, Inan Linton | TIME COMPLETED: 02:30 PM |

| NARRATIVE | |
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| 1 | Licensing Program Analyst (LPA) Natasha Persaud conducted an unannounced annual required |
| 2 | licensing inspection. LPA met with Executive Director, Inan Linton. LPA stated purpose of today's visit, to |
| 3 | verify compliance with statutes, regulations and other written requirements that are most relevant to |
| 4 | protecting the health of residents in care and staff, including in the area of infection control practices. |
| 5 | |
| 6 | During today's visit, LPA toured the facility and reviewed the facility's Plan for Epidemic Outbreak |
| 7 | Specific to COVID-19 Mitigation Plan Report (LIC 808) with Executive Director including the following |
| 8 | sections: Person in Care; Staff; Visitors; Residents; Facilities without COVID-19; and Facility has Plans |
| 9 | for Infection Control and Physical Distancing. LPA assessed the strategies that the facility is employing |
| 10 | for the prevention, containment and mitigation of COVID-19, implementation of infection control |
| 11 | guidance, staff retention and essential health and safety. |
| 12 | |
| 13 | LPA observed one central entry point for universal entry screening; routine symptom screening initiated |
| 14 | at entry for staff, residents and visitors; a sign-in policy enacted for all visitors; signs posted at facility |
| 15 | entrance with the facility's visitor policy and signs throughout the facility to promote hand hygiene, |
| 16 | cough/sneeze etiquette and physical distancing; face coverings worn by staff and residents; hand |
| 17 | sanitizer/hand washing stations readily available; a designated visitation area; emergency agencies' |
| 18 | contact information posted in a location visible to staff and residents; and an adequate supply of PPE. |
| 19 | The facility in compliance with and has implemented infection control practices as outlined in its LIC 808. |
| 20 | |
| 21 | No deficiencies were observed during today's visit. An exit interview was conducted, and a copy of this |
| 22 | report and Licensee Rights (LIC 9058 01/16) were provided to Executive Director via electronic mail. An |
| 23 | electronic mail read receipt was requested to be provided upon receipt of the documents. |
| 24 | |
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| NAME OF LICENSING PROGRAM MANAGER: John Rante |
| NAME OF LICENSING PROGRAM ANALYST: Natasha Persaud |

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/24/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/24/2021

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