

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 374603439  
Report Date: 02/19/2021  
Date Signed: 03/17/2021 10:13:44 AM

Document Has Been Signed on 03/17/2021 10:13 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: CASA DE MANANA	FACILITY NUMBER: 374603439
ADMINISTRATOR: JOHNSTON, ROBERT	FACILITY TYPE: 740
ADDRESS: 849 COAST BLVD	TELEPHONE: (858) 454-2151
CITY: LA JOLLA	STATE: CA
CAPACITY: 249	ZIP CODE: 92037
TYPE OF VISIT: Case Management - Incident	CENSUS: 197
MET WITH: Stryl Nelson, Resident Services Director	DATE: 02/19/2021
	UNANNOUNCED TIME BEGAN: 09:30 AM
	TIME COMPLETED: 10:00 AM

NARRATIVE	
1	Licensing Program Analyst (LPA), Laarni Santiago, conducted an unannounced Case Management
2	virtual visit via FaceTime due to COVID-19. LPA spoke with Resident Services Director, Stryl Nelson.
3	LPA identified herself and stated the purpose of the virtual visit.
4	
5	The purpose of the Case Management is to follow-up on a death report received on February 12th, 2021
6	regarding Resident 1's (R1) (See Confidential Names List on LIC 811 to identify R1) death. During the
7	visit, LPA conducted an interview with Resident Services Director and requested for facility records and
8	contact information .
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10	No deficiencies were noted. An exit interview was conducted and a copy of this report, List of
11	Confidential Names, and Licensee's Rights (9058 01/16) were provided to Administrator, Rob Johnston
12	via electronic mail. An e-mail read receipt confirms acceptance of these documents.
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NAME OF LICENSING PROGRAM MANAGER: Simon Jacob
NAME OF LICENSING PROGRAM ANALYST: Laarni Santiago

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 02/19/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 02/19/2021

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