

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374603584

Report Date: 09/20/2021

Date Signed: 09/20/2021 04:23:47 PM

Document Has Been Signed on 09/20/2021 04:23 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: ACTIVCARE AT MISSION BAY		FACILITY NUMBER:	374603584
ADMINISTRATOR: DESTEFANI, DAWN		FACILITY TYPE:	740
ADDRESS: 2440 GRAND AVENUE		TELEPHONE:	(858) 270-8000
CITY: SAN DIEGO	STATE: CA	ZIP CODE:	92109
CAPACITY: 60	CENSUS: 44	DATE:	09/20/2021
TYPE OF VISIT: Case Management - Incident	UNANNOUNCED	TIME BEGAN:	01:45 PM
MET WITH: Executive Director Dawn DeStefani		TIME COMPLETED:	03:15 PM
NARRATIVE			
1	Licensing Program Analyst (LPA) Rebecca Ruiz conducted an unannounced case management visit to		
2	follow-up on two incidents. LPA was greeted by, identified herself to, and explained the purpose of the		
3	visit to Executive Director Dawn DeStefani.		
4			
5	The facility self reported an incident regarding Resident 1 (R1) and Staff 1 (S1) (See LIC811		
6	Confidential Names List) on September 2, 2021. The facility also self reported a separate incident		
7	regarding Resident 2 (R2) on September 3, 2021.		
8			
9	During the visit, LPA toured the facility and reviewed and obtained copies of resident and staff records.		
10	At this time both case management incidents require further investigation. No deficiencies were cited		
11	during today's visit.		
12			
13	An exit interview was conducted with Executive Director Dawn DeStefani, to whom a copy of this report		
14	and the Licensee's Rights (LIC9058 01/16) were provided via electronic mail.		
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NAME OF LICENSING PROGRAM MANAGER: Alexandre Vo			
NAME OF LICENSING PROGRAM ANALYST: Rebecca A Ruiz			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/20/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/20/2021

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