

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374603600

Report Date: 12/10/2021

Date Signed: 12/13/2021 09:06:15 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: GLEN AT SCRIPPS RANCH, THE		FACILITY NUMBER:	374603600
ADMINISTRATOR: KLINE, MEEGAN		FACILITY TYPE:	741
ADDRESS: 9800 GLEN CENTER DRIVE		TELEPHONE:	(858) 444-8500
CITY: SAN DIEGO	STATE: CA	ZIP CODE:	92131
CAPACITY: 684	CENSUS: 405	DATE:	12/10/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME BEGAN:	12:38 PM
MET WITH: Executive Director, Meggan Kline		TIME COMPLETED:	01:40 PM
NARRATIVE			
1	Licensing Program Analyst (LPA) Natasha Persaud conducted an unannounced annual required		
2	licensing inspection. LPA met with Executive Director, Meegan Kline. LPA stated purpose of today's visit,		
3	to 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	Facility as a gated safety security kiosk, the safety officers conduct screening on all individuals entering		
14	the community. LPA observed one central entry point for universal entry screening; routine symptom		
15	screening initiated at entry for staff, residents and visitors; a sign-in policy enacted for all visitors; signs		
16	posted at facility entrance with the facility's visitor policy and signs throughout the facility to promote		
17	hand hygiene, cough/sneeze etiquette and physical distancing; face coverings worn by staff; hand		
18	sanitizer/hand washing stations readily available; emergency agencies' contact information posted in a		
19	location visible to staff and residents; and an adequate supply of PPE. The facility is in compliance with		
20	and has implemented infection control practices as outlined in its LIC 808.		
21			
22	No deficiencies were observed during today's visit. An exit interview was conducted, and a copy of this		
23	report and Licensee Rights (LIC 9058 01/16) were provided to Executive Director via electronic mail. An		
24	electronic mail read receipt was requested to be provided upon receipt of the documents.		
25			
NAME OF LICENSING PROGRAM MANAGER: John Rante			
NAME OF LICENSING PROGRAM ANALYST: Natasha Persaud			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/10/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/10/2021

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