

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 374603600  
Report Date: 12/18/2024  
Date Signed: 12/20/2024 09:13:00 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: GLEN AT SCRIPPS RANCH, THE	FACILITY NUMBER: 374603600
ADMINISTRATOR/KLINE, MEEGAN DIRECTOR:	FACILITY TYPE: 741
ADDRESS: 9800 GLEN CENTER DRIVE	TELEPHONE: (858) 444-8500
CITY: SAN DIEGO	STATE: CA ZIP CODE: 92131
CAPACITY: 684	CENSUS: 557 DATE: 12/18/2024
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION 09:05 AM
MET WITH: Executive Director Meegan Kline	BEGAN: TIME VISIT/ INSPECTION 01:00 PM COMPLETED:

NARRATIVE	
1	Licensing Program Analyst (LPA) Hannah Rodgers conducted an unannounced Required Annual Inspection. The
2	facility file was reviewed prior to the visit. LPA was greeted by, identified themselves to and discussed the purpose
3	of the visit with Safety Director Joey Gaal. The facility's license shows a maximum capacity of 332 ambulatory,
4	340 non-ambulatory residents, of which 12 may be bedridden. Hospice waiver for 6. During today's inspection
5	there were 557 residents in care. Executive Director Meegan Kline arrived during the visit.
6	
7	LPA with Executive Director Kline and Safety Director Joey Gaal toured the interior and exterior of the
8	facility, and inspected a sample of rooms. Pathways were free of obstruction and slip hazards. Resident
9	bedrooms contained the required furnishings. Doors, windows, screens, and showers were in working
10	order. The facility had sufficient space and equipment to facilitate dining, laundry, visitation, meetings,
11	and resident activities. The facility contained at least 2 days of perishable food, and at least 7 days non-
12	perishable food, all safely stored. Cooking, dining equipment, and utensils were present. No toxic
13	chemicals or poisons were accessible to residents. Medications were labeled, as required, and stored in
14	locked areas. Per Safety Director Joey Gaal, no firearms or ammunition are kept at the facility. Carbon
15	monoxide detectors, emergency lighting, and facility telephone were all in working order. Fire
16	extinguisher(s) were serviced within the last 12 months. First aid kit was complete and readily
17	accessible. Required licensing postings were observed in visible areas of the facility.
18	
19	LPA reviewed facility records. The files reviewed by LPA contained required documents. Confidential
20	records were stored in locked areas.
21	
22	No deficiencies were cited during the inspection. An exit interview was conducted with Executive Director
23	Kline to whom a copy of this report and the Licensee/Appeal Rights (LIC9058 03/22) were provided.
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Lizzette Tellez

**NAME OF LICENSING PROGRAM ANALYST:** Hannah Rodgers

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 12/18/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 12/18/2024

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