

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 374603660  
Report Date: 03/05/2021  
Date Signed: 03/05/2021 05:42:16 PM

Document Has Been Signed on 03/05/2021 05:42 PM - It Cannot Be Edited

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

|   |                                  |
|---|----------------------------------|
| FACILITY NAME: BAYVIEW SENIOR ASSISTED LIVING | FACILITY NUMBER: 374603660       |
| ADMINISTRATOR: JEFFREY SETTINERI              | FACILITY TYPE: 740               |
| ADDRESS: 3219 CANON STREET                    | TELEPHONE: (619) 225-5616        |
| CITY: SAN DIEGO                               | STATE: CA                        |
| CAPACITY: 17                                  | ZIP CODE: 92106                  |
| TYPE OF VISIT: Case Management - Other        | CENSUS: 13                       |
| MET WITH: House Manager: Maria Flores         | DATE: 03/05/2021                 |
|   | UNANNOUNCED TIME BEGAN: 02:15 PM |
|   | TIME COMPLETED: 04:30 PM         |

| NARRATIVE |   |
|-----------|---|
| 1         | Licensing Program Analyst (LPA) Eva Torres conducted a virtual case management visit via    |
| 2         | FaceTime to review and discuss the Mitigation Plan, as well as provide technical assistance |
| 3         | surrounding COVID-19. LPA identified herself and discussed the purpose of the phone call    |
| 4         | with House Manager, Maria Flores.   |
| 5         |   |
| 6         | During the call, LPA inspected the facility's screening areas, observed their sanitation    |
| 7         | supplies, and personal protective equipment (PPE). LPA also reviewed the Mitigation Plan    |
| 8         | with Mrs. Flores and provided consultation while evaluating the facility's disinfection,    |
| 9         | surveillance testing, and screening protocols, as well as the use of PPE.                   |
| 10        |   |
| 11        | An exit interview was conducted with Mrs. Flores and a copy of this report, along with      |
| 12        | Licensee Rights (LIC 9058 01/16), was provided to them via email. A reply email or return   |
| 13        | receipt from the House Manager will confirm receipt of documents.                           |
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| NAME OF LICENSING PROGRAM MANAGER: Denise Powell     |
| NAME OF LICENSING PROGRAM ANALYST: Evangelica Torres |

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 03/05/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 03/05/2021

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