

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 374603671  
**Report Date:** 11/01/2024  
**Date Signed:** 11/01/2024 11:21:59 AM

**Document Has Been Signed on** 11/01/2024 11:21 AM - **It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	SAPPHIRE ESCONDIDO ESTATES	FACILITY NUMBER:	374603671
ADMINISTRATOR/DRAPEAU, YORADYLDAP		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(760) 291-1202
ADDRESS:	262 SILVERCREEK GLEN	STATE: CA	ZIP CODE: 92029
CITY:	ESCONDIDO	CENSUS: 6	DATE: 11/01/2024
CAPACITY: 6		UNANNOUNCED TIME VISIT/INSPECTION	09:50 AM
TYPE OF VISIT: Required - 1 Year		BEGAN:	
MET WITH: Administrator Daphne Drapeau		TIME VISIT/INSPECTION	11:35 AM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Sara Martinez conducted an unannounced annual required visit. LPA
2	was granted entry and met with caregiver Imelda "Amy" Santo who was informed of the purpose of
3	today's visit. During the visit Administrator Daphne Drapeau and Ali Naghibi arrived to assist LPA with
4	the inspection. At the time of the visit there was three (3) staff and six (6) residents present. LPA
5	conducted a tour of the interior and exterior, reviewed facility documents and conducted interviews. LPA
6	observed the following:
7	
8	Physical plant, floors, windows, and doors were observed to be clean. Fixtures and furniture were in
9	good repair were present. LPA observed outdoor furniture and shaded area for clients. Detergents,
10	cleaning solutions, and sharp and dangerous objects were observed to be locked and inaccessible to
11	residents. The smoke detector and carbon monoxide was operational, and the hot water temperature
12	met department requirements. Facility kitchen had the ability to prepare food in clean environment and
13	possessed equipment in good working condition.
14	
15	
16	
17	LPA reviewed staff files and training. All staff have the required personnel records on file, health
18	screening, criminal record clearance, and updated annual training. Four (4) resident files were reviewed
19	and possessed all required paperwork which included Admissions Agreement, Needs and Service Plan,
20	and updated Physician's Report. The listed administrator possesses a current administrator's certificate
21	that expires in 2026. Resident medication was centrally stored and locked in a closet located in the
22	hallway. LPA reviewed medications prescribed to four (4) residents and found all medication with
23	required labeling found to be in place. LPA reviewed the facility's emergency and disaster plan and
24	infection control plan. Facility conducts quarterly fire drills with the last fire drill being conducted on
25	09/28/2024. All facility exits were clear from obstructions. LPA observed emergency supplies in the
	garage, a charged fire extinguisher, and first aid kit with all required items. No deficiencies were cited at

the time of the visit.

An exit interview was conducted where a copy of this report was provided to Administrator Drapeau.

**NAME OF LICENSING PROGRAM MANAGER:** Tricia Danielson

**NAME OF LICENSING PROGRAM ANALYST:** Sara Martinez

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 11/01/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 11/01/2024

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