

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374603688

Report Date: 10/06/2023

Date Signed: 10/06/2023 04:23:46 PM

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

FACILITY NAME: SAPPHIRE CHARDONNAY	FACILITY NUMBER: 374603688
ADMINISTRATOR: NAGHIBI, ALI	FACILITY TYPE: 740
ADDRESS: 484 CHARDONNAY COURT	TELEPHONE: (760) 539-7791
CITY: SAN MARCOS	STATE: CA
CAPACITY: 6	ZIP CODE: 92069
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
MET WITH: Elizabeth Rivera, Administrator	DATE: 10/06/2023
	UNANNOUNCED TIME BEGAN: 02:30 PM
	TIME COMPLETED: 04:25 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Jacqueline Shaw Ross made an unannounced visit to the facility for
2	the purpose of an annual review. LPA was greeted by Felipa Arango, Caregiver and explained the
3	purpose of the visit. Administrator Elizabeth Rivera joined shortly. A tour of the facility was conducted
4	inside and out. At the time of visit, all six (6) residents were home and two (2) staff were present. The
5	facility is approved for six (6) elderly residents ages 60 and over, non-ambulatory, of which 1 may be
6	bedridden. There is a hospice waiver for six (6) residents.
7	
8	The facility is a six (6) bedroom three (3) bathroom one story home. Four (4) bedrooms are private, one
9	(1) bedroom is shared, two to a room. One bedroom is reserved for overnight staff.
10	
11	During the tour the following was observed: Resident bedrooms had the required furnishings and
12	were observed to be in good condition. Bathrooms had required signage, hand rails, non-slip mats.
13	Night-lights were observed in the hallways. Fixtures and furniture for an operational facility are present
14	and in good repair. All passageways were free of obstructions, charged fire extinguishers and the fire
15	alarm system was operable, medications are kept centralized and locked, hazardous items are kept
16	inaccessible to residents. Hot water was tested at 115 degrees Fahrenheit. The backyard area is free of
17	obstructions.
18	
19	Kitchen/Food Service: LPA observed the entire kitchen, food is stored properly and dishes are clean
20	and in good condition. There is a sufficient supply of perishable and non-perishable foods. Area was
21	observed to be clean and functional.
22	
23	Care & Supervision: Facility has sufficient care staff employed.
24	
25	Administration: Emergency exiting plans, telephone numbers and Ombudsman information and other
	required signage are posted throughout the facility. Drills are conducted quarterly. The last drill was
	9/30/2023.

NAME OF LICENSING PROGRAM MANAGER: Jazmond D Harris

NAME OF LICENSING PROGRAM ANALYST: Jacqueline Shaw Ross
LICENSING PROGRAM ANALYST SIGNATURE:  **DATE:** 10/06/2023

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

FACILITY REPRESENTATIVE SIGNATURE:  **DATE:** 10/06/2023

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE AC/SC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
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FACILITY NAME: SAPPHIRE CHARDONNAY **FACILITY NUMBER:** 374603688
VISIT DATE: 10/06/2023

NARRATIVE

1 **Record Review and Client/Staff Files:** LPA reviewed current staff and all staff have has Criminal
2 Background Clearance, current CPR/First Aid certification, and trainings are current. Client records were
3 reviewed and all contain required documents and are up to date.
4
5 **Medication Review:** LPA reviewed medication and medication log. Residents' medications are being
6 dispensed according to physician's orders.
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8 **No deficiencies were cited per Title 22, Division 6 of the California Code of Regulations at this**
9 **time.**
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11 An exit interview was conducted and a copy of this report was provided to Elizabeth Rivera,
12 Administrator
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NAME OF LICENSING PROGRAM MANAGER: Jazmond D Harris
NAME OF LICENSING PROGRAM ANALYST: Jacqueline Shaw Ross
LICENSING PROGRAM ANALYST SIGNATURE:  **DATE:** 10/06/2023

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FACILITY REPRESENTATIVE SIGNATURE:  **DATE:** 10/06/2023