

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374603699
Report Date: 10/28/2021
Date Signed: 10/31/2021 07:58:01 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
FACILITY EVALUATION REPORT		COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108	
FACILITY NAME: SAPPHIRE LAKE SAN MARCOS		FACILITY NUMBER:	374603699
ADMINISTRATOR: MATIC, VICTORIA		FACILITY TYPE:	740
ADDRESS: 839 LA TIERRA DRIVE		TELEPHONE:	(760) 471-1157
CITY: SAN MARCOS	STATE: CA	ZIP CODE:	92078
CAPACITY: 6	CENSUS: 6	DATE:	10/28/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME BEGAN:		02:20 PM
MET WITH: Administrator Victoria Matic	TIME COMPLETED:		04:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Liliana Silveira conducted an unannounced annual required licensing
2	inspection. LPA was granted entry by Administrator Victoria Matic. LPA was granted entry after
3	identifying themselves and disclosing the purpose of their visit. An overall tour of the facility was
4	conducted inside and out. The inspection included, but was not limited to, verifying compliance with
5	statutes, regulations and other written requirements that are most relevant to protecting the health of
6	residents in care and staff, including in the area of infection control practices.
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8	LPA reviewed the facility's Plan for Epidemic Outbreak Specific to COVID-19 Mitigation Plan Report (LIC
9	808) with Victoria Matic, including the following sections: Person in Care, Staff, Visitors, Facilities without
10	COVID-19, Residents, Plans for Infection Control and Physical Distancing. LPA assessed the strategies
11	that the facility is employing for the prevention, containment and mitigation of COVID-19, implementation
12	of infection control guidance, staff retention and essential health and safety.
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14	LPA observed one central entry point for universal entry screening; routine symptom screening initiated
15	at entry for staff, residents and visitors; a sign-in policy enacted for all visitors; signs posted at facility
16	entrance with the facility's visitor policy and signs throughout the facility to promote hand hygiene,
17	cough/sneeze etiquette and physical distancing; face coverings worn by staff and face coverings
18	recommended to residents; hand sanitizer/hand washing stations readily available; a designated
19	visitation area; emergency agencies' contact information posted in a location visible to staff and
20	residents; and an adequate supply of PPE. The facility is in compliance with and has implemented
21	infection control practices as outlined in its LIC 808.
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NAME OF LICENSING PROGRAM MANAGER: Denise Powell
NAME OF LICENSING PROGRAM ANALYST: Liliana Silveira

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/28/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/28/2021

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

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 7575 METROPOLITAN DR.
#109
SAN DIEGO, CA 92108

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: SAPPHIRE LAKE SAN MARCOS

FACILITY NUMBER: 374603699

VISIT DATE: 10/28/2021

NARRATIVE

1	No deficiencies were observed during today's visit. An exit interview was conducted with Victoria Matic and a copy of this report along with the Licensee Rights (LIC 9058 FAS 01/16) was provided to Licensee via email; an email read receipt confirms receipt of these rights.
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NAME OF LICENSING PROGRAM MANAGER: Denise Powell

NAME OF LICENSING PROGRAM ANALYST: Liliana Silveira

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 10/28/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/28/2021