

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 374603699  
Report Date: 10/09/2025  
Date Signed: 10/09/2025 03:10:44 PM

Document Has Been Signed on 10/09/2025 03:10 PM - 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 LAKE SAN MARCOS	FACILITY NUMBER:	374603699
ADMINISTRATOR/MATIC, VICTORIA		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(760) 471-1157
ADDRESS:	839 LA TIERRA DRIVE	ZIP CODE:	92078
CITY:	SAN MARCOS	STATE: CA	
CAPACITY: 6		CENSUS: 5	
TYPE OF VISIT:	Required - 1 Year	DATE:	10/09/2025
		UNANNOUNCED TIME VISIT/INSPECTION	01:30 PM
		BEGAN:	
MET WITH:	Administrator, Daphne Drapeau	TIME VISIT/INSPECTION	03:30 PM
		COMPLETED:	

NARRATIVE	
1	On 10/9/2025, Licensing Program Analyst (LPA) Valerie Flores conducted an unannounced 1-year
2	required annual visit. LPA was greeted by care staff, Jomae David, and was granted entry into the
3	facility. LPA met with Administrator, Daphne Drapeau, and explained to Daphne the purpose of the visit.
4	LPA conducted a tour of the facility and observed the following during the tour:
5	The physical plant is a single story structure which consist of (5) five bedrooms and (2) two bathroom.
6	LPA observed resident bedrooms to have the required bedding, furniture, seating, and functional
7	lighting. Bathrooms were equipped with grab bars and skid resistant mats in the shower area.
8	Indoor/Outdoor passageways were free from obstruction. Medications are kept centralized and
9	inaccessible to residents. The kitchen area was observed to properly store food. LPA observed
10	dishes/utensils to be in sufficient supply and in good repair. The facility maintained a (2) two day supply
11	of perishable foods and (7) seven day supply of non-perishable foods. LPA observed knives and other
12	sharp instruments locked in a cabinet located in the kitchen. Emergency exiting plans, telephone
13	numbers and Ombudsman information and other required postings were placed on the walls throughout
14	the facility. Emergency disaster drills are conducted quarterly and range from scenarios. The facility
15	operates their own laundry services; washer and dryer were observed to be in good repair and operable.
16	Additional linen and towels are available for residents and appear to be in good repair. LPA did not
17	observe any pools or bodies of water. Per Administrator, Daphne Drapeau, there are no firearms or
18	ammunition on the premises.
19	Facility staff records review include but are not limited to criminal record clearance, health screenings,
20	and First-aid/CPR training, and relevant training's to provide Assistance with Activities of Daily Living
21	(ADL's). Resident records included but not limited to signed admission agreements, pre-admission
22	assessments, reassignments, physician reports, and current ISP. No deficiencies are cited during
23	today's visit.
24	An exit interview was conducted and a copy of this report will be provided to Administrator, Daphne
25	Drapeau.

NAME OF LICENSING PROGRAM MANAGER: Anthony Perez

**NAME OF LICENSING PROGRAM ANALYST:** Valerie Flores

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 10/09/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 10/09/2025

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

**FACILITY EVALUATION REPORT** California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

**DEFICIENCIES** A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

**PLANS OF CORRECTION (POCs)** The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

**CORRECTION NOTIFICATION** The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

**CIVIL PENALTIES** The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

**PENALTY NOTICE GIVEN** The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

**APPEAL RIGHTS** The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a

deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

**AGENCY REVIEW** The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

**EMAIL REQUIREMENT** Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.