

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374603714
Report Date: 06/29/2021
Date Signed: 06/30/2021 11:22:21 AM

Document Has Been Signed on 06/30/2021 11:22 AM - It Cannot Be Edited

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	

FACILITY NAME: ACTIVCARE AT 4S RANCH	FACILITY NUMBER: 374603714	
ADMINISTRATOR: ALSOP, MARK	FACILITY TYPE: 740	
ADDRESS: 10603 RANCHO BERNARDO ROAD	TELEPHONE: (858) 485-8001	
CITY: SAN DIEGO	STATE: CA	ZIP CODE: 92127
CAPACITY: 60	CENSUS: 21	DATE: 06/29/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME BEGAN: 10:30 AM	
MET WITH: Mark Alsop, Administrator	TIME COMPLETED: 11:55 AM	

NARRATIVE	
1	Licensing Program Analyst (LPA) Laarni Santiago visited the facility to conduct an
2	annual required licensing inspection. LPA was granted entry into the facility and met
3	with Mark Alsop, Administrator, with whom she discussed the purpose of the visit.
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6	During today's visit, LPA toured the facility, and verified compliance with infection
7	control practices. LPA and Mark Alsop reviewed the facility's Plan for Epidemic
8	Outbreak Specific to COVID-19 Mitigation. LPA observed two central entry point for
9	universal entry screening; one for visitors and the other for staff; routine symptom
10	screening initiated at entry for staff, residents, and visitors; a sign-in policy enacted
11	for all visitors; signs posted with the facility's visitor policy and signs in the facility to
12	promote hand hygiene, cough/sneeze etiquette and physical distancing; face
13	coverings worn by staff; hand sanitizer/hand washing stations readily available;
14	available visitation areas; emergency agencies' contact information posted in a
15	location visible to staff and residents; and an adequate supply of cleaning products
16	and PPE supplies.
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20	No deficiencies were cited during today's visit. An exit interview was conducted with
21	Mark Alsop, Administrator, and a copy of this report and Licensee Rights (LIC 9058
22	FAS 01/16) were provided to the Administrator via email. An electronic receipt of
23	confirmation was requested to be sent to LPA upon receipt of the documents.
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Simon Jacob
NAME OF LICENSING PROGRAM ANALYST: Laarni Santiago

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/29/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/29/2021

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