

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374603715

Report Date: 05/27/2021

Date Signed: 05/31/2021 09:12:48 PM

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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: HARBORVIEW SENIOR ASSISTED LIVING		FACILITY NUMBER:	374603715
ADMINISTRATOR:SETTINERI, JEFFREY		FACILITY TYPE:	740
ADDRESS: 2360 ALBATROSS STREET		TELEPHONE:	(619) 233-8382
CITY: SAN DIEGO	STATE: CA	ZIP CODE:	92101
CAPACITY: 30	CENSUS: 25	DATE:	05/27/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME BEGAN:	11:12 AM
MET WITH: Jeffrey Settineri, Administrator		TIME COMPLETED:	12:30 PM
NARRATIVE			
1	Licensing Program Analyst (LPA) Laarni Santiago visited the facility to conduct an annual required		
2	licensing inspection. LPA was granted entry into the facility and met with Maria Flores, House Manager		
3	and Jeffrey Settineri, Administrator, with whom she discussed the purpose of the visit.		
4			
5	During today's visit, LPA toured the facility, and verified compliance with infection control practices. LPA,		
6	House Manager and Administrator reviewed the facility's Plan for Epidemic Outbreak Specific to COVID-		
7	19 Mitigation. LPA observed one central entry point for universal entry screening; routine symptom		
8	screening initiated at entry for staff, residents, and visitors; a sign-in policy enacted for all visitors; signs		
9	posted at facility entrance with the facility's visitor policy and signs in the facility to promote hand		
10	hygiene, cough/sneeze etiquette and physical distancing; face coverings worn by staff; hand sanitizer		
11	readily available; available visitation areas; emergency agencies' contact information posted in a		
12	location visible to staff and residents; and an adequate supply of cleaning products and PPE.		
13			
14	No deficiencies were cited during today's visit. An exit interview was conducted with Administrator,		
15	Jeffrey Settineri and House Manager, Maria Flores, and a copy of this report and Licensee Rights (LIC		
16	9058 FAS 01/16) were provided to the facility representative via email. An electronic read receipt		
17	confirms documents were received.		
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NAME OF LICENSING PROGRAM MANAGER: Simon Jacob			
NAME OF LICENSING PROGRAM ANALYST: Laarni Santiago			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/27/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/27/2021

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