

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374603745
Report Date: 02/18/2022
Date Signed: 02/18/2022 03:37:47 PM

Document Has Been Signed on 02/18/2022 03:37 PM - 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: MOUNT CARMEL ASSISTED LIVING	FACILITY NUMBER: 374603745
ADMINISTRATOR: WILLEY, ELIZABETH	FACILITY TYPE: 740
ADDRESS: 11178 DEL DIABLO WAY	TELEPHONE: (858) 848-4694
CITY: SAN DIEGO	STATE: CA
CAPACITY: 6	ZIP CODE: 92129
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
MET WITH: Elizabeth Willey	DATE: 02/18/2022
	UNANNOUNCED TIME BEGAN: 01:25 PM
	TIME COMPLETED: 02:36 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Ramon Serrano, conducted an unannounced Required 1 - Year Visit.
2	The facility file was reviewed prior to the visit. LPA met with Administrator Elizabeth Willey and
3	discussed the purpose of the visit. All staff present have a current criminal record clearance.
4	
5	LPA conducted a tour of the facility, both inside and outside and observed the residents in care. In
6	accordance with the Department's Infection Control, LPA provided technical assistance, evaluated, and
7	observed the facility's implementation of their mitigation plan to include disinfection, testing surveillance,
8	and screening protocols as well as the use of personal protective equipment.
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10	No deficiencies were cited or observed on this date.
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12	The Licensee will be provided a copy of their appeal rights (LIC9058 01/16). An exit interview was
13	conducted with Elizabeth Willey and a copy of this report will be emailed to the Licensee with an
14	electronic read receipt as confirmation of documents.
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NAME OF LICENSING PROGRAM MANAGER: Denise Powell
NAME OF LICENSING PROGRAM ANALYST: Ramon Serrano

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/18/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/18/2022

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