

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374603753

Report Date: 01/12/2023

Date Signed: 01/12/2023 01:05:57 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, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
FACILITY EVALUATION REPORT	

FACILITY NAME:	SPLENDOR VALLEY, LLC	FACILITY NUMBER:	374603753
ADMINISTRATOR:	LU, MARISA L	FACILITY TYPE:	740
ADDRESS:	930 ROCKWELL SPRINGS COURT	TELEPHONE:	(760) 294-6399
CITY:	ESCONDIDO	STATE: CA	ZIP CODE: 92025
CAPACITY:	6	CENSUS: 6	DATE: 01/12/2023
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME BEGAN:	12:36 PM
MET WITH:	ADMINISTRATOR, MARK LU.	TIME	01:10 PM
		COMPLETED:	

NARRATIVE	
1	On January 12, 2023, Licensing Program Analyst (LPA), Venus Mixson arrived at the facility for an
2	unannounced required annual with emphasis on infection control. LPA Mixson was greeted and granted
3	entry by Administrator, Marisa L. introduced self and stated the purpose of the visit.
4	
5	LPA Mixson met with Administrator, Mark Lu and toured the facility.
6	Present in the facility are six residents and two caregivers. There are currently no cases of COVID-19
7	within the facility. All residents and staff are fully vaccinated and Booster ed.
8	
9	LPA Mixson toured the facility and made observations pertaining to the facility's infection control
10	measures. LPA Mixson observed sufficient hand hygiene supplies, sufficient cleaning and disinfecting
11	provisions, and the proper use of face coverings.
12	
13	The facility has a designated infection control lead person who has been tasked with tracking all COVID-19
14	cases and/or suspected cases, ensuring PPE supplies are maintained, and cleaning and disinfection
15	provisions are in adequate quantities.
16	
17	LPA Mixson later discussed infection control practices and procedures with Administrator.
18	
19	An exit interview was conducted and a copy of this report, along with the LIC 811, was provided to
20	Administrator.
21	
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Jazmon D Harris

NAME OF LICENSING PROGRAM ANALYST: Venus Mixson

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 01/12/2023

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 01/12/2023

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