

Department of

SOCIAL SERVICES

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 COMPLETED: 01:10 PM	
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, Marisal introduced self and stated the purpose of the visit.		
4			
5	LPA Mixson met with Administrator, Mark Lu toured and 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-		
14	19 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			
20	An exit interview was conducted and a copy of this report, along with the LIC 811, was provided to		
21	Administrator.		
22			
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Jazmond 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.