

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374603913

Report Date: 09/13/2021

Date Signed: 09/14/2021 07:54:54 AM

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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: NOBLE LIVING II LLC	FACILITY NUMBER: 374603913
ADMINISTRATOR: BUNNELL, DEBRA	FACILITY TYPE: 740
ADDRESS: 505 HILLS LANE DR	TELEPHONE: (619) 938-4984
CITY: EL CAJON	STATE: CA ZIP CODE: 92020
CAPACITY: 6	CENSUS: 6 DATE: 09/13/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME BEGAN: 01:08 PM
MET WITH: Licensee, Debra Bunnell	TIME COMPLETED: 03:45 PM

NARRATIVE	
1	Licensing Program Analyst (LPA), Alexandre Vo, conducted an unannounced annual required licensing inspection. LPA was granted entry by Licensee, Debra Bunnell, after identifying himself and disclosing the purpose of the visit. LPA also met with Administrator, Nora Garcia. An overall tour of the facility was conducted inside and out. The inspection included, but was not limited to, verifying compliance with infection control practices.
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7	The tour was conducted with the Administrator and the Licensee. LPA reviewed the facility's Plan for Epidemic Outbreak Specific to COVID-19 Infection Control, including the following sections: Persons in Care, Staff, Visitors, Facilities without COVID-19, Residents, Facility's Plans for Infection Control and Physical Distancing. LPA assessed the strategies that the facility is employing for the prevention, containment and mitigation of COVID-19, implementation of infection control guidance, staff retention and essential health and safety.
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14	LPA reviewed items pertaining to central entry points for universal entry screening; routine symptom screening initiated for staff, residents and visitors; signs posted at facility entrance with the facility's visitor policy and signs throughout the facility to promote hand hygiene, cough/sneeze etiquette and physical distancing; face coverings worn by staff and residents; hand sanitizer/hand washing stations readily available; a designated visitation area; emergency agencies' contact information posted in a location visible to staff and residents; and an adequate supply of PPE.
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21	No deficiencies were cited during this visit. Technical assistance was provided regarding N-95 fit-testing per PIN 21-10-ASC.
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24	An exit interview was conducted with the Licensed. A copy of this report, along with the Licensee Rights (9058 01/16) were provided to the Licensee and Administrator via e-mail. A confirmation e-mail was requested.
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NAME OF LICENSING PROGRAM MANAGER: Simon Jacob

NAME OF LICENSING PROGRAM ANALYST: Alexandre Vo

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 09/13/2021

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 09/13/2021

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