

Department of

SOCIAL SERVICES

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		
2	inspection. LPA was granted entry by Licensee, Debra Bunnell, after identifying himself and disclosing		
3	the purpose of the visit. LPA also met with Administrator, Nora Garcia. An overall tour of the facility was		
4	conducted inside and out. The inspection included, but was not limited to, verifying compliance with		
5	infection control practices.		
6			
7	The tour was conducted with the Administrator and the Licensee. LPA reviewed the facility's Plan for		
8	Epidemic Outbreak Specific to COVID-19 Infection Control, including the following sections: Persons in		
9	Care, Staff, Visitors, Facilities without COVID-19, Residents, Facility's Plans for Infection Control and		
10	Physical Distancing. LPA assessed the strategies that the facility is employing for the prevention,		
11	containment and mitigation of COVID-19, implementation of infection control guidance, staff retention		
12	and essential health and safety.		
13			
14	LPA reviewed items pertaining to central entry points for universal entry screening; routine symptom		
15	screening initiated for staff, residents and visitors; signs posted at facility entrance with the facility's		
16	visitor policy and signs throughout the facility to promote hand hygiene, cough/sneeze etiquette and		
17	physical distancing; face coverings worn by staff and residents; hand sanitizer/hand washing stations		
18	readily available; a designated visitation area; emergency agencies' contact information posted in a		
19	location visible to staff and residents; and an adequate supply of PPE.		
20			
21	No deficiencies were cited during this visit. Technical assistance was provided regarding N-95 fit-testing		
22	per PIN 21-10-ASC.		
23			
24	An exit interview was conducted with the Licensed. A copy of this report, along with the Licensee Rights		
25	(9058 01/16) were provided to the Licensee and Administrator via e-mail. A confirmation e-mail was		
requested.			
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.