

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604015
Report Date: 12/29/2021
Date Signed: 12/30/2021 05:13:51 PM

Document Has Been Signed on 12/30/2021 05:13 PM - It Cannot Be Edited

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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 | |

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| FACILITY NAME: LUCIE'S COZY COTTAGE | FACILITY NUMBER: 374604015 |
| ADMINISTRATOR: FLECK, KEVIN | FACILITY TYPE: 740 |
| ADDRESS: 7909 WESTERN TRAILS DRIVE | TELEPHONE: (619) 749-7363 |
| CITY: EL CAJON | STATE: CA |
| CAPACITY: 6 | ZIP CODE: 92021 |
| TYPE OF VISIT: Required - 1 Year | CENSUS: 6 |
| MET WITH: Caregiver Teci Fernandez | DATE: 12/29/2021 |
| | UNANNOUNCED TIME BEGAN: 01:30 PM |
| | TIME COMPLETED: 02:30 PM |

| NARRATIVE | |
|-----------|---|
| 1 | Licensing Program Analyst (LPA) Liliana Silveira conducted an unannounced annual required licensing |
| 2 | inspection. LPA was granted entry by Caregiver Teci Fernandez. LPA was granted entry after identifying |
| 3 | themselves and disclosing the purpose of their visit. An overall tour of the facility was conducted inside |
| 4 | and out. The inspection included, but was not limited to, verifying compliance with statutes, regulations |
| 5 | and other written requirements that are most relevant to protecting the health of residents in care and |
| 6 | staff, including in the area of infection control practices. |
| 7 | |
| 8 | LPA reviewed the facility's Plan for Epidemic Outbreak Specific to COVID-19 Mitigation Plan Report (LIC |
| 9 | 808) with Teci Fernandez including the following sections: Person in Care, Staff, Visitors, Facilities |
| 10 | without COVID-19, Residents, Facility has Plans for Infection Control and Physical Distancing. LPA |
| 11 | assessed the strategies that the facility is employing for the prevention, containment and mitigation of |
| 12 | COVID-19, implementation of infection control guidance, staff retention and essential health and safety. |
| 13 | |
| 14 | LPA observed one central entry point for universal entry screening; routine symptom screening initiated |
| 15 | at entry for staff, residents and visitors; a sign-in policy enacted for all visitors; signs posted at facility |
| 16 | entrance with the facility's visitor policy and signs throughout the facility to promote hand hygiene, |
| 17 | cough/sneeze etiquette and physical distancing; face coverings worn by staff and residents; hand |
| 18 | sanitizer/hand washing stations readily available; a designated visitation area; emergency agencies' |
| 19 | contact information posted in a location visible to staff and residents; and an adequate supply of PPE. |
| 20 | The facility is in compliance with and has implemented infection control practices as outlined in its LIC |
| 21 | 808. |
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| NAME OF LICENSING PROGRAM MANAGER: Denise Powell |
| NAME OF LICENSING PROGRAM ANALYST: Liliana Silveira |

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/29/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/29/2021

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

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 (Cont)

FACILITY NAME: LUCIE'S COZY COTTAGE

FACILITY NUMBER: 374604015

VISIT DATE: 12/29/2021

NARRATIVE

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| 1 | No deficiencies were observed during today's visit. An exit interview was conducted with Teci Fernandez and a copy of this report along with the Licensee Rights (LIC 9058 FAS 01/16) was provided to Director Kevin Fleck via email; an email read receipt confirms receipt of these rights. |
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NAME OF LICENSING PROGRAM MANAGER: Denise Powell

NAME OF LICENSING PROGRAM ANALYST: Liliana Silveira

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 12/29/2021

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/29/2021