

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604015
Report Date: 12/03/2024
Date Signed: 12/03/2024 12:55:47 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
FACILITY EVALUATION REPORT	

FACILITY NAME:	LUCIE'S COZY COTTAGE	FACILITY NUMBER:	374604015
ADMINISTRATOR/DIRECTOR:	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:	5
		DATE:	12/03/2024
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	11:20 AM
MET WITH:	Administrator Kevin Fleck	TIME VISIT/INSPECTION COMPLETED:	01:30 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Ryan Fulton conducted an unannounced Required Annual Inspection.
2	The facility file was reviewed prior to the visit. LPA was welcomed by and discussed the purpose of the
3	visit to Administrator Kevin Fleck. The facility's license shows a maximum capacity of six (6) residents.
4	During today's inspection there were five (5) residents in care.
5	
6	LPA and Administrator Kevin Fleck toured the interior and exterior of the facility and inspected each
7	room. The facility was clean, sanitary, and in good repair. Pathways were free of obstruction and slip
8	hazards. residents' bedrooms contained the required furnishings. Doors, windows, screens, toilets, and
9	showers were in working order. Extra linens and hygiene supplies were present, as well as Personal
10	Protective Equipment. The facility had sufficient space and equipment to facilitate dining, laundry,
11	visitation, meetings, and client activities.
12	
13	There was at least 2 days of perishable food, and at least 7 days non-perishable food present, all of
14	which are safely stored. Cooking/dining equipment and utensils were present. Toxic chemicals/poisons
15	were locked and inaccessible to clients. Medications were labeled, as required, and stored in locked
16	areas. The facility's ambient internal temperature was compliant at 68 F. Hot water temperature at taps
17	accessible to residents were all compliant: Kitchen sink was 106.6 F; bathroom #1 sink was 107.3 F and
18	bathroom #2 sink was 107.2 F.
19	
20	No pools or bodies of water exist on the premises. Per licensee, no firearms or ammunition are kept at
21	the facility. Carbon monoxide/Smoke detectors, emergency lighting, and facility telephone were all in
22	working order. Fire extinguisher was serviced within the last 12 months. First aid kit was complete and
23	readily accessible. Required licensing postings were observed in visible areas of the facility.
24	
25	No deficiencies were cited during the inspection. An exit interview was conducted with Administrator

Kevin Fleck to whom a copy of this report and the Licensee/Appeal Rights (LIC9058 03/22) were provided.

NAME OF LICENSING PROGRAM MANAGER: Jennifer Lott

NAME OF LICENSING PROGRAM ANALYST: Ryan Fulton

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/03/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/03/2024

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