

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604065
Report Date: 03/15/2021
Date Signed: 03/15/2021 12:20:40 PM

Document Has Been Signed on 03/15/2021 12:20 PM - It Cannot Be Edited

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: LAS VILLAS DE CARLSBAD	FACILITY NUMBER: 374604065
ADMINISTRATOR: DONELLE WILLIAMS	FACILITY TYPE: 740
ADDRESS: 1088 LAGUNA DRIVE	TELEPHONE: (760) 434-7116
CITY: CARLSBAD	STATE: CA
CAPACITY: 214	ZIP CODE: 92008
TYPE OF VISIT: Case Management - Incident	CENSUS: 91
MET WITH: Administrator, Donelle Williams	DATE: 03/15/2021
	UNANNOUNCED TIME BEGAN: 11:23 AM
	TIME COMPLETED: 12:10 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Kristina Ryan conducted an unannounced case management virtual
2	visit, due to the COVID-19 pandemic. LPA identified herself and stated the purpose of the visit to
3	Administrator Donelle Williams and Assistant Administrator James Ringhoff.
4	
5	The facility self-reported an incident regarding Resident 1 (R1) to Community Care Licensing on March
6	12, 2021. The facility reported that on March 11, 2021, R1 left the facility (AWOL) and was returned to
7	the facility by law enforcement.
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9	On today's date, LPA toured the facility and conducted a health and safety check. LPA requested copies
10	of additional facility records and interviewed staff. No deficiencies were cited at this time.
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12	An exit interview was conducted with the Administrator Donelle Williams and Assistant Administrator
13	James Ringhoff, to whom a copy of this report, LIC811 Confidential Names list, and the LIC9058
14	Licensee/Appeal Rights were provided via E-mail. An electronic read receipt verifies receipt of these
15	documents.
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NAME OF LICENSING PROGRAM MANAGER: Simon Jacob NAME OF LICENSING PROGRAM ANALYST: Kristina Ryan
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LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/15/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/15/2021

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