

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 374604080  
Report Date: 06/15/2021  
Date Signed: 06/15/2021 02:59:39 PM

Document Has Been Signed on 06/15/2021 02:59 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: SAPPHIRE SUNSET	FACILITY NUMBER: 374604080
ADMINISTRATOR: NAGHIBI, ALI	FACILITY TYPE: 740
ADDRESS: 1380 REES RD	TELEPHONE: (714) 322-1910
CITY: ESCONDIDO	STATE: CA
CAPACITY: 6	ZIP CODE: 92026
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
MET WITH: Ali Naghibi	DATE: 06/15/2021
	UNANNOUNCED TIME BEGAN: 10:25 AM
	TIME COMPLETED: 11:35 AM

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



DATE: 06/15/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/15/2021

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:** SAPHIRE SUNSET

**FACILITY NUMBER:** 374604080

**VISIT DATE:** 06/15/2021

**NARRATIVE**

1	No deficiencies were observed during today's visit. An exit interview was conducted with Mr. Naghibi and a copy of this report along with the Licensee Rights (LIC 9058 FAS 01/16) was provided to him via email; he expressed that he will send LPA a confirmation upon receipt of said documents.
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**NAME OF LICENSING PROGRAM MANAGER:** Denise Powell

**NAME OF LICENSING PROGRAM ANALYST:** Adam Hamer

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/15/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/15/2021