

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 374604080  
**Report Date:** 07/15/2025  
**Date Signed:** 07/15/2025 01:02:26 PM

**Document Has Been Signed on 07/15/2025 01:02 PM - It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	SAPPHIRE SUNSET	FACILITY NUMBER:	374604080
ADMINISTRATOR/DRAPEAU, YORDAYLDAP		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(714) 322-1910
ADDRESS:	1380 REES RD	STATE: CA	ZIP CODE: 92026
CITY:	ESCONDIDO	CENSUS: 6	DATE: 07/15/2025
CAPACITY: 6		UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 11:40 AM
TYPE OF VISIT: Required - 1 Year		TIME VISIT/INSPECTION	COMPLETED: 01:10 PM
MET WITH:	Administrator, Daphne Drapeau		

NARRATIVE	
1	On 7/15/2025, Licensing Program Analyst (LPA) Janette Romero made an unannounced visit to the
2	facility to conduct a required annual inspection. LPA was greeted and granted entry by Caregiver, Marife
3	Balabag who was informed of the purpose of the visit and has a criminal record clearance. LPA met with
4	Administrator, Daphne Drapeau who was already present and also informed of the purpose of the visit.
5	The facility has a fire clearance to serve six (6) non-ambulatory/bedridden elderly residents. The facility
6	also has an approved hospice waiver for six (6) but LPA was informed none of the current residents are
7	receiving hospice services at the facility. During today's visit, there was two (2) staff and six (6) residents
8	present.
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10	LPA toured the facility with the administrator and observed the facility is made up of a one-story home
11	with five (5) resident bedrooms, two (2) bathrooms, a kitchen, dining area, living room, medication room,
12	laundry room, staff room, and attached garage. Resident bedrooms had the required bedding, furniture,
13	and lighting. Bathrooms had grab bars and non-skid mats in the showers. The facility has a cascading
14	rock waterfall feature installed on their landscape in the backyard. However, the waterfall feature is not a
15	fishpond, wading pool, hot tub, swimming pool or anything close to larger bodies of water that may pose
16	a risk to residents in care. Indoor and outdoor pathways were free of obstruction. Outside shaded
17	seating is available for the residents in care. The facility met Departmental requirements for a two-day
18	supply of perishable foods and seven-day supply of non-perishable foods. Medications are secured in
19	the locked medication room. Administrator tested one (1) of the smoke alarms/carbon monoxide
20	detectors and LPA observed it to be operational.
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**NAME OF LICENSING PROGRAM MANAGER:** Anthony Perez

**NAME OF LICENSING PROGRAM ANALYST:** Janette Romero

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 07/15/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 07/15/2025

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

**FACILITY EVALUATION REPORT** California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

**DEFICIENCIES** A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

**PLANS OF CORRECTION (POCs)** The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

**CORRECTION NOTIFICATION** The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

**CIVIL PENALTIES** The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

**PENALTY NOTICE GIVEN** The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

**APPEAL RIGHTS** The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a

deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

**AGENCY REVIEW** The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

**EMAIL REQUIREMENT** Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

<b>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</b>	<b>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES</b>
<b>FACILITY EVALUATION REPORT (Cont)</b>	<b>COMMUNITY CARE LICENSING DIVISION</b>
	<b>RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27</b>
	<b>RIVERSIDE, CA 92507</b>

**FACILITY NAME:** SAPPHIRE SUNSET

**FACILITY NUMBER:** 374604080

**VISIT DATE:** 07/15/2025

<b>NARRATIVE</b>	
1	LPA also observed a charged fire extinguisher mounted near the kitchen last serviced on 6/25/2025. The facility's certificate of liability insurance expires on 12/12/2025. Administrator showed LPA the residents' digital records which had Departmental required documentation. LPA reviewed the facility's Emergency Preparedness Training noting the facility's last emergency disaster drill was conducted on 6/30/2025. Long Term Care Ombudsman's contact information, residents' personal rights, emergency disaster plans, complaint procedures, and facility sketch are visibly posted on the hallway wall leading to the living room. During today's visit, LPA did not observe any issues or concerns. An exit interview was conducted and a copy of this report was reviewed and provided to the administrator.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Anthony Perez
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Janette Romero
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>
<b>DATE:</b> 07/15/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>
<b>DATE:</b> 07/15/2025