

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604080
Report Date: 07/31/2026
Date Signed: 07/31/2026 04:26:39 PM

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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
FACILITY EVALUATION REPORT	

FACILITY NAME:	SAPPHIRE SUNSET	FACILITY NUMBER:	374604080
ADMINISTRATOR/DRAPEAU, YORDAYLDAP DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	1380 REES RD	TELEPHONE:	(714) 322-1910
CITY:	ESCONDIDO	STATE: CA	ZIP CODE: 92026
CAPACITY: 6		CENSUS: 6	DATE: 07/31/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	02:40 PM
MET WITH:	Daphne Drapeau, Administrator	BEGAN: TIME VISIT/INSPECTION	04:30 PM
		COMPLETED:	

NARRATIVE	
1	On 7/31/26, Licensing Program Analyst (LPA) Kyle Wellington arrived unannounced to conduct an annual inspection. LPA was greeted and granted entry by Caregiver, Marife Balabag, who was informed of the purpose of the visit. LPA met with Administrator (Admin), Daphne Drapeau, who arrived shortly thereafter and was also informed of the purpose of the visit. The census at the facility is six (6) residents. LPA received a staff and resident roster from Admin. LPA toured the inside and outside of the facility with Admin. LPA conducted an observation and record review for the inspection.
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8	Facility Overview: Facility is a one story house with five (5) resident bedrooms, two (2) resident bathrooms, kitchen, dining room, family room, laundry room, office, staff room and attached garage. There are no pools, bodies of water or firearms at the facility. Facility has a rock cascading waterfall in the backyard that does not pose a safety risk to residents in care. Facility has a fire clearance for six (6) non-ambulatory adults of which six (6) may be bedridden. Facility was granted a hospice waiver for six (6) residents..
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15	Infection Control: LPA observed hand sanitizers and soap dispensers throughout the facility. Cleaning equipment and additional cleaning supplies were kept in the locked garage and available for regular facility maintenance. LPA reviewed the facility's infection control plan which met the department's requirements.
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22	Physical Plant: LPA observed the inside and outside of the facility to be clean, safe and well kept. The floors, windows and doors were clean and well maintained. The living room and dining room furniture was in good repair. The residents' bedrooms were neat, organized and contained the required bedding, lighting and furniture. Bathrooms were clean, tidy and had paper towels, soap, grab bars and non-slip floors in the showers. Extra linen and towels were kept in closets in the hall. Laundry equipment appeared to be in good working condition. Laundry supplies were kept in the locked laundry room. One (1) fire extinguisher was charged and last tested on 7/25/26. LPA tested one (1) of the smoke and carbon monoxide detectors and
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24	
25	

Carolyn Tuba
Kyle Wellington



DATE: 07/31/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/31/2026

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

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: SAPPHIRE SUNSET FACILITY NUMBER: 374604080
VISIT DATE: 07/31/2026

NARRATIVE	
1	found them to be hard-wired and operational. The backyard was free of hazards and contained outdoor
2	furniture and shaded area for the residents.
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4	Kitchen/Food Service: LPA observed the kitchen to be sanitary, organized, and well maintained. The
5	kitchen had the ability to prepare and store food in a safe and clean environment. Kitchen appliances
6	appeared to be in good working condition. All sharp objects were kept in a locked drawer in the kitchen
7	inaccessible to residents. Cleaning supplies were kept in a locked cabinet under the kitchen sink
8	inaccessible to residents. Facility has over a two day supply of perishable foods and over a seven day
9	supply of non-perishable foods.
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11	Care & Supervision: LPA observed one (1) staff and six (6) residents at the facility during the
12	inspection. Facility has sufficient staff to supervise the residents.
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14	Administration: LPA observed facility sketch, emergency and disaster plan, personal rights, resident
15	bill of rights, complaint procedures and long-term care ombudsman information posted in the hall near
16	the kitchen. Admin holds a current Administrator Certificate, CPR/First Aid Certificate and a Criminal
17	Record Clearance.
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20	Record Review and Resident/Staff Files: LPA reviewed the records of three (3) resident files and two
21	(2) staff files. Staff have a a CPR/first aid certificate, criminal record clearance and are associated with
22	the facility. The files contained all the required documentation and paperwork. The staff and client files
23	were kept on an ipad that is locked and inaccessible to unauthorized individuals.
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25	Health Related Services/Incidental Medical Services: LPA observed clients' medications were
26	centrally stored in the locked office inaccessible to residents. First aid kit was kept in the locked office
27	and it contained all the required items. LPA reviewed three (3) residents' medications to the facility's
28	medication log to make sure all medication was accounted for and dispensed correctly.
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30	Disaster Preparedness: LPA reviewed the facility's emergency and disaster plan. It is current and up to
31	date. Fire drills are done quarterly and last done on 3/24/26. Facility's property and liability insurance is
32	current and expires on 3/20/27. All facility exits had signage and were clear of obstructions.
	No deficiencies were cited during this visit. An exit interview was conducted with Administrator, Daphne Drapeau and a copy of this report was given to Administrator, Daphne Drapeau.

NAME OF LICENSING PROGRAM MANAGER: Carolyn Tuba	
NAME OF LICENSING PROGRAM ANALYST: Kyle Wellington	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 07/31/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/31/2026