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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604143
Report Date: 07/27/2021
Date Signed: 07/27/2021 04:54:19 PM

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

FACILITY NAME:	OCEAN HILLS ASSISTED LIVING & MEMORY CARE		FACILITY NUMBER:	374604143
ADMINISTRATOR:	JOHNSTON, SHERYL		FACILITY TYPE:	740
ADDRESS:	4500 CANNON RD		TELEPHONE:	(760) 295-8515
CITY:	OCEANSIDE	STATE: CA	ZIP CODE:	92056
CAPACITY: 140		CENSUS: 100	DATE:	07/27/2021
TYPE OF VISIT:	Case Management - Other	UNANNOUNCED	TIME BEGAN:	02:20 PM
MET WITH:	Sheryl Johnston and Joan Gomez		TIME COMPLETED:	03:44 PM

NARRATIVE

Licensing Program Analyst, Kristina Ryan, County of San Diego Nurse Contractors, Sandra Brackman and Robert Montillano and California Department Public Health (CDPH) IP, Maggie Turner, with the HAI Program, conducted an on-site visit. The team identified themselves and discussed the purpose of the visit with Administrator, Sheryl Johnston and Resident Care Director, Joan Gomez

The Department conducted the on-site visit to provide technical assistance and to evaluate the facility's disinfection, testing surveillance, screening protocols as well as the use of personal protective equipment. During today's visit, the team interviewed Sheryl Johnston and Joan Gomez and conducted a walk-through of the facility. A debriefing was conducted with Ms. Johnston and Ms. Gomez at the conclusion of the visit.

During today's visit, no deficiencies were issued. An exit interview was conducted with Sheryl Johnston and Joan Gomez, and a copy of this report, along with Licensee Rights (LIC 9058 01/16), were provided to Ms. Johnston via electronic mail. An electronic receipt confirms receipt of the documents.

NAME OF LICENSING PROGRAM MANAGER: Simon Jacob
NAME OF LICENSING PROGRAM ANALYST: Kristina Ryan

LICENSING PROGRAM ANALYST SIGNATURE:	
	**DATE:** 07/27/2021
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	**DATE:** 07/27/2021

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