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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604176
Report Date: 11/27/2020
Date Signed: 11/30/2020 11:22:59 AM

Document Has Been Signed on 11/30/2020 11:22 AM **- It Cannot Be Edited**

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:	ALTA VISTA SENIOR LIVING		FACILITY NUMBER:	374604176
ADMINISTRATOR:	ALSPACH, DAVID		FACILITY TYPE:	740
ADDRESS:	2041 W VISTA WAY		TELEPHONE:	(760) 941-3233
CITY:	VISTA	STATE: CA	ZIP CODE:	92083
CAPACITY: 98		CENSUS: 83	DATE:	11/27/2020
TYPE OF VISIT:	Case Management - Other	ANNOUNCED	TIME BEGAN:	01:05 PM
MET WITH:	David Alspach, Administrator		TIME COMPLETED:	03:40 PM

NARRATIVE

Regional Manager (RM), Icela Estrada; Licensing Program Manager, Denise Powell, County of San Diego Nurse Contractor Sandra Brackman; California Department Public Health (CDPH), and Health Facility Evaluator Nurse (HFEN), Jacqueline Ruegg with the HAI Program, conducted an on-site visit. RM and team identified themselves and discussed the purpose of the visit with Administrator, David Alspach.

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

During today's visit, no deficiencies were issued. An exit interview was conducted with the Administrator and a copy of this report, along with Licensee Rights (LIC 9058 01/16), were provided to him via electronic mail. An electronic receipt of confirmation was requested to be sent by the Administrator upon receipt of the documents.

NAME OF LICENSING PROGRAM MANAGER: Icela Estrada
NAME OF LICENSING PROGRAM ANALYST: Denise Powell

LICENSING PROGRAM ANALYST SIGNATURE:	
	**DATE:** 11/27/2020
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	**DATE:** 11/27/2020

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