

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 374604261  
Report Date: 04/21/2022  
Date Signed: 04/21/2022 11:53:41 AM

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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: AVANTGARDE SENIOR LIVING OF LA JOLLA	FACILITY NUMBER: 374604261
ADMINISTRATOR: ESCOBAR, AGUSTIN	FACILITY TYPE: 740
ADDRESS: 6211 LA JOLLA HERMOSA AVE	TELEPHONE: (818) 692-5284
CITY: LA JOLLA	STATE: CA
CAPACITY: 45	ZIP CODE: 92037
TYPE OF VISIT: Required - 1 Year	CENSUS: 16
MET WITH: Administrator, Drusella Silva	DATE: 04/21/2022
	UNANNOUNCED TIME BEGAN: 10:25 AM
	TIME COMPLETED: 12:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA), Sabel Martinez, conducted an unannounced Required- 1 Year
2	inspection. The LPA was greeted by Administrator, Drusella Silva, identified himself, and discussed the
3	purpose of the visit.
4	
5	The inspection included, but was not limited to, verifying compliance with statutes, regulations and other
6	requirements most relevant to protecting the health of residents in care and staff, including the area of
7	infection control practices. In accordance with the Department's Infection Control program, the LPA
8	provided technical assistance and observed and evaluated the facility's implementation of their COVID-
9	19 Mitigation Plan (LIC 808).
10	
11	The LPA observed one central entry point for universal entry screening; Routine symptom screening
12	initiated at entry for staff and visitors; A sign-in policy enacted for all visitors; Signs posted at facility
13	entrance with the facility's visitor policy, and signs throughout the facility to promote hand hygiene; Face
14	coverings worn by staff; Hand sanitizer/hand washing stations readily available; A designated visitation
15	area; Emergency agencies' contact information posted in a location visible to staff and residents; and an
16	adequate supply of PPE (Personal Protective Equipment). Based on observations, the facility is in
17	compliance with and has implemented infection control practices as outlined in its LIC 808. No
18	deficiencies were observed during today's visit.
19	
20	An exit interview was conducted with Administrator, Drusella Silva, to whom a copy of this report and the
21	Licensee/Appeal Rights (LIC9058 01/16) were provided.
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Denise Powell
NAME OF LICENSING PROGRAM ANALYST: Sabel Martinez

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 04/21/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 04/21/2022

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