

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604277
Report Date: 07/26/2021
Date Signed: 07/26/2021 02:21:13 PM

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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
FACILITY EVALUATION REPORT	

FACILITY NAME: SAFE HARBOR ELDER CARE	FACILITY NUMBER: 374604277
ADMINISTRATOR: RATHI, GAURAV	FACILITY TYPE: 740
ADDRESS: 3301 LOMAS SERENAS DRIVE	TELEPHONE: (619) 791-5495
CITY: ESCONDIDO	STATE: CA
CAPACITY: 6	ZIP CODE: 92029
TYPE OF VISIT: Case Management - Other	CENSUS: 5
MET WITH: Administrator, Gauravi Rathi	DATE: 07/26/2021
	UNANNOUNCED TIME BEGAN: 02:00 PM
	TIME COMPLETED: 02:30 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Eva Torres conducted a case management visit to
2	amend a report that was created on 06/09/21. LPA Torres met with Mr. Rathi,
3	informed them of the purpose of the visit, and was granted entry. During the visit,
4	LPA obtained their signature on the amended report. An exit interview was
5	conducted, Licensee Rights (LIC 9058 01/16) along with a copy of this report was
6	provided to them and their signature on this form confirms receipt of these rights.
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NAME OF LICENSING PROGRAM MANAGER: Denise Powell
NAME OF LICENSING PROGRAM ANALYST: Evangelica Torres

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/26/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/26/2021

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