

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604281
Report Date: 07/26/2021
Date Signed: 07/27/2021 08:13:48 AM

Document Has Been Signed on 07/27/2021 08:13 AM - It Cannot Be Edited

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: OAKMONT OF PACIFIC BEACH	FACILITY NUMBER: 374604281
ADMINISTRATOR: AMIRHOUSHMAND, SHAWN	FACILITY TYPE: 740
ADDRESS: 955 GRAND AVE	TELEPHONE: (858) 373-9300
CITY: SAN DIEGO	STATE: CA
CAPACITY: 92	ZIP CODE: 92109
TYPE OF VISIT: Required - 1 Year	CENSUS: 78
MET WITH: Health Service Director Rebecca Casella & Executive Director Caroline Senteno	DATE: 07/26/2021
	UNANNOUNCED TIME BEGAN: 09:42 AM
	TIME COMPLETED: 12:00 PM

NARRATIVE	
1	Licensing Program Analysts (LPAs) Dang Nguyen and Rebecca Ruiz conducted an unannounced
2	Required 1 - Year Visit. The facility file was reviewed prior to the visit. LPAs were greeted by, identified
3	themselves to, and were granted entry to the facility by Concierge Jannette Hernandez. LPAs met with
4	Health Service Director Rebecca Casella and discussed the purpose of the visit. Executive Director
5	Caroline Senteno arrived later during the visit. All staff present have a current criminal record clearance.
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7	LPAs conducted a brief tour of the facility, both inside and outside, and observed the clients in care. In
8	accordance with the Department's Infection Control, LPAs provided technical assistance and observed
9	and evaluated the facility's implementation of their COVID-19 Mitigation Plan, to include disinfection,
10	testing surveillance, screening protocols, and the use of personal protective equipment. No deficiencies
11	were cited or observed on this date.
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13	An exit interview was conducted with Executive Director Caroline Senteno, to whom a copy of this report
14	and the licensee appeal rights (LIC9058 01/16) were provided via E-mail.
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NAME OF LICENSING PROGRAM MANAGER: Alexandre Vo NAME OF LICENSING PROGRAM ANALYST: Rebecca A Ruiz
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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.