

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604323
Report Date: 01/22/2021
Date Signed: 01/27/2021 12:26:54 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: SILVERGATE RANCHO BERNARDO	FACILITY NUMBER: 374604323
ADMINISTRATOR: BRAKEVILLE, SONDRA	FACILITY TYPE: 740
ADDRESS: 16061 AVENIDA VENUSTO	TELEPHONE: (858) 451-1100
CITY: SAN DIEGO	STATE: CA
CAPACITY: 285	ZIP CODE: 92128
TYPE OF VISIT: Case Management - Other	CENSUS: 150
MET WITH: Executive Director Sondra Brakeville and Assistant Director Severino Doria	DATE: 01/22/2021
	UNANNOUNCED TIME BEGAN: 01:30 PM
	TIME COMPLETED: 03:45 PM

NARRATIVE	
1	(LPM), Simon Jacob, County of San Diego Nurse Contractors Elizar Perez, Jeff
2	Meilander, Robert Montillano; California Department Public Health (CDPH), Health
3	Facility Evaluator Nurse (HFEN), Michelle Hose with the HAI Program, conducted an
4	on-site visit. RM, LPM and team identified themselves and discussed the purpose of the visit with
5	Executive Director Sondra Brakeville and Assistant Director Severino Doria.
6	The Department conducted an on-site visit to provide technical assistance and to
7	evaluate the facility's disinfection, testing surveillance, and screening protocols as
8	well as the use of personal protective equipment. During today's visit, the team
9	interviewed Executive Director Sondra Brakeville and Assistant Director Severino Doria. The team
10	conducted a walk-through of the facility. A debriefing was conducted with Executive
11	Director Sondra Brakeville and Assistant Director Severino Doria at the conclusion of the visit.
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15	During today's visit, no deficiencies were issued. An exit interview was conducted with Executive
16	Director Sondra Brakeville and Assistant Director Severino Doria and a copy of this report, along with
17	Licensee Rights (LIC 9058 01/16), were provided to the Director Brakeville via electronic mail. An
18	electronic receipt of confirmation was requested to be sent by the Director upon receipt of the
19	documents.
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NAME OF LICENSING PROGRAM MANAGER: Kimberly Lyon NAME OF LICENSING PROGRAM ANALYST: Simon Jacob
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LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/22/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/22/2021

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