

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604405
Report Date: 08/24/2021
Date Signed: 08/24/2021 02:55:16 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: MERRILL GARDENS AT BANKERS HILL	FACILITY NUMBER: 374604405
ADMINISTRATOR: HANSEN, LORI	FACILITY TYPE: 740
ADDRESS: 2567 2ND AVENUE	TELEPHONE: (619) 209-5216
CITY: SAN DIEGO	STATE: CA
CAPACITY: 100	ZIP CODE: 92103
TYPE OF VISIT: Prelicensing	CENSUS: 0
MET WITH: General Manager, Lori Hansen	ANNOUNCED
	DATE: 08/24/2021
	TIME BEGAN: 08:20 AM
	TIME COMPLETED: 12:35 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Elizabeth Hamilton conducted a Pre-Licensing visit due to a change of
2	ownership. LPA identified herself to the Applicant's General Manager, Lori Hanson, and discussed the
3	purpose of the visit. The facility will serve 100 non-ambulatory elderly residents, fifteen (15) of whom
4	may be bedridden. A hospice waiver has been approved for fifteen (15) residents. The fire clearance
5	was approved on June 23, 2021.
6	
7	LPA conducted a tour of the facility, both inside and outside. Smoke and carbon monoxide alarms were
8	present throughout the facility. Per Mrs. Hanson, there are no firearms stored on the premises and no
9	bodies of water. The facility was observed to be clean and in good repair. Bathrooms intended for
10	resident use were clean and in good repair. Resident rooms were observed with the appropriate
11	furniture, bedding and appropriate lighting. Hot water temperature was measured in the facility at 112.5,
12	113.5, 115.9, 115.3 and 113.5 degrees F. The refrigerator and freezer were observed to be clean and
13	operational. Cleaning solutions were also properly secured. There is sufficient activities space
14	throughout the facility. There is a locked medication room. Personnel and resident records are store in a
15	locked office on the premises. Emergency chair in the stairwell was observed. Ms. Hanson's
16	Administrator Certificate is valid until June 9, 2022.
17	
18	The Component III portion of the application process was completed with Mrs. Hanson. Upon receipt,
19	this application will be sent to the Centralized Applications Bureau (CAB) for final review and approval.
20	The Applicant will then be notified of management approval by phone and the new license will be mailed
21	to the Applicant.
22	
23	An exit interview was conducted with Mrs. Hanson and a copy of this report along with Applicant Rights
24	(LIC9058 01/16) was provided to her via email. An electronic receipt of confirmation was requested to be
25	sent upon receipt of the documents.

NAME OF LICENSING PROGRAM MANAGER: Denise Powell NAME OF LICENSING PROGRAM ANALYST: Elizabeth Hamilton

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/24/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/24/2021

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