

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604407
Report Date: 05/10/2021
Date Signed: 05/10/2021 11:20:37 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, 744 P STREET, MS 8-3-91 SACRAMENTO, CA 95814
FACILITY EVALUATION REPORT	

FACILITY NAME: BAYSHIRE CARLSBAD	FACILITY NUMBER: 374604407
ADMINISTRATOR: GONZALEZ, JEFF	FACILITY TYPE: 741
ADDRESS: 3140 EL CAMINO REAL	TELEPHONE: (760) 720-9898
CITY: CARLSBAD	STATE: CA
CAPACITY: 125	ZIP CODE: 92008
TYPE OF VISIT: Office	CENSUS: 79
MET WITH: Scott Kirby, Sasha Hightower	ANNOUNCED
	DATE: 05/10/2021
	TIME BEGAN: 10:00 AM
	TIME COMPLETED: 10:37 AM

NARRATIVE	
1	Facility Type: RCFE-CCRC
2	Application Type: Change of ownership
3	COMP II Participants: Scott Kirby, President; Sasha Hightower, Administrator
4	Interview Method: Telephone interview
5	
6	
7	On May 10, 2021, applicant/administrator participated in COMP II. Identification of
8	the applicant and administrator was verified through interview questions based on
9	photo ID and other identifying personal information. During COMP II, applicant and
10	administrator confirmed the understanding of the California Code Title 22
11	Regulations. Signed LIC 809 with copy of photo ID have been obtained.
12	
13	
14	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
15	following areas:
16	
17	1. Facility operation: License type, client/resident populations, and program
18	
19	
20	
21	2. Admission Policies
22	3. Staffing requirements & Training
23	4. Restrictive/Prohibited Health Conditions
24	5. General provisions
25	6. Emergency Preparedness
	7. Complaints & Reporting
	8. Pre-licensing readiness

NAME OF LICENSING PROGRAM MANAGER: Jude De La Concepcion
NAME OF LICENSING PROGRAM ANALYST: Bethany Hunter

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/10/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/10/2021

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