

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604426

Report Date: 07/23/2021

Date Signed: 07/23/2021 11:25:01 AM

Document Has Been Signed on 07/23/2021 11:25 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, 744 P STREET, MS 9-14-8201 SACRAMENTO, CA 95814
FACILITY EVALUATION REPORT	
FACILITY NAME: CRESTVIEW HC LLC	FACILITY NUMBER: 374604426
ADMINISTRATOR: DAYNES, ROBERT	FACILITY TYPE: 740
ADDRESS: 9825 GLEN CENTER DRIVE	TELEPHONE: (858) 444-8560
CITY: SAN DIEGO	STATE: CA ZIP CODE: 92131
CAPACITY: 64	CENSUS: DATE: 07/23/2021
TYPE OF VISIT: Office	ANNOUNCED TIME BEGAN: 11:00 AM
MET WITH: Daynes, Robert	TIME COMPLETED: 11:20 AM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: Initial
3	Capacity: 64
4	COMP II Participants: Name, Title
5	
6	
7	
8	<i>Applicant/administrator participated in COMP II via telephone call with the analyst at</i>
9	<i>CAB. Identification of the applicant/administrator was verified by correctly answering</i>
10	<i>identity verification question. During COMP II, applicant/administrator confirmed</i>
11	<i>the understanding of Title 22. Component II was successfully completed. Applicant has</i>
12	<i>been advised to transmit signed LIC 809 with copy of photo ID to CAB.</i>
13	
14	
15	
16	<i>During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of</i>
17	<i>following areas:</i>
18	
19	<i>1. Facility operation: License type, client/resident populations, and program</i>
20	<i>2. Staff qualifications and responsibilities</i>
21	<i>3. Applicant and Administrator qualifications</i>
22	<i>4. Program policy: Abuse, admission agreement, medication management, reporting</i>
23	<i>incidents to CCL, restricted & prohibited conditions</i>
24	<i>5. Grievances, Complaints, Community resources</i>
25	<i>6. Physical plant, food service</i>
	<i>7. Application document review and technical assistance: Criminal record clearance,</i>

Health screening, Fire clearance, First Aid/CPR certificate, Administrator certificate, Financial verification, Pre-licensing inspection, Compliance history, Control of property

NAME OF LICENSING PROGRAM MANAGER: Julia Kim
NAME OF LICENSING PROGRAM ANALYST: Nicole Rouse
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/23/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/23/2021

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