

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604525
Report Date: 02/10/2025
Date Signed: 02/10/2025 04:58:50 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
FACILITY EVALUATION REPORT	

FACILITY NAME:	CANYON GUEST HOME	FACILITY NUMBER:	374604525
ADMINISTRATOR/RAPHAEL, DANIEL DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	4224 EMET COURT	TELEPHONE:	(858) 285-0811
CITY:	SAN DIEGO	STATE: CA	ZIP CODE: 92117
CAPACITY: 6		CENSUS: 6	DATE: 02/10/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	01:55 PM
MET WITH:	Administrator Daniel Raphael	BEGAN: TIME VISIT/ INSPECTION	04:15 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Arian Golbakhsh conducted an unannounced, Required Annual
2	Inspection. The facility file and personnel report was reviewed prior to the visit. LPA was welcomed by,
3	identified themselves to, and discussed the purpose of the visit to Caregiver Stephani Tita. The facility's
4	license shows a maximum capacity of six (6) residents, all of whom must be non-ambulatory. The facility
5	is approved for five (5) hospice residents. During today's inspection there were six (6) residents in care.
6	
7	LPA and caregiver Ronald Rafanan toured the interior and exterior of the facility and inspected each
8	room. Administrator Daniel Raphael arrived later during the visit. The facility was clean, sanitary, and in
9	good repair. Pathways were free of obstruction and slip hazards. Client bedrooms contained the
10	required furnishings. Doors, windows, screens, toilets, and showers were in working order. Hot water
11	temperature at taps accessible to clients were all compliant: Bathroom sink 1 read 105F and bathroom
12	sink 2 read at 108F.
13	
14	Extra linens and hygiene supplies were present, as well as Personal Protective Equipment. The facility
15	had sufficient space and equipment to facilitate dining, laundry, visitation, meetings, and client activities.
16	The facility contained at least two (2) days of perishable food, and at least seven (7) days non-
17	perishable food, all safely stored. Cooking, dining equipment, and utensils were present. Knives were
18	locked and inaccessible to residents in care.
19	
20	[Continued on LIC 809-C]
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NAME OF LICENSING PROGRAM MANAGER: Jennifer Lott

NAME OF LICENSING PROGRAM ANALYST: Arian Golbakhsh

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/10/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/10/2025

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SAN DIEGO RO, 7575 METROPOLITAN DR. #109
SAN DIEGO, CA 92108

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: CANYON GUEST HOME

FACILITY NUMBER: 374604525

VISIT DATE: 02/10/2025

NARRATIVE

1 [Continued from LIC 809]
2

3 No toxic chemicals or poisons were accessible to clients. Medications were labeled, as required, and
4 stored in locked areas. No pools or bodies of water exist on the premises. Per caregiver Ronald
5 Rafanan, no firearms or ammunition are kept at the facility. Carbon monoxide detectors, emergency
6 lighting, and facility telephone were all in working order. Fire extinguisher was serviced within the last 12
7 months. First aid kits were complete and readily accessible. Required licensing postings were observed
8 in visible areas of the facility.
9

10 LPA interviewed two (2) staff and zero (0) clients, and interviews did not reveal any licensing or
11 regulatory concerns. LPA reviewed facility records. The files reviewed by LPA contained required
12 documents. Confidential records were stored in locked areas.
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15 No deficiencies were cited during the inspection. An exit interview was conducted with Administrator
16 Daniel Raphael to whom a copy of this report was provided. Their signature below confirms receipt of
17 this document.
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NAME OF LICENSING PROGRAM MANAGER: Jennifer Lott

NAME OF LICENSING PROGRAM ANALYST: Arian Golbakhsh

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 02/10/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/10/2025