

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604533

Report Date: 02/17/2022

Date Signed: 02/17/2022 02:37:49 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, 744 P STREET, MS 9-14-8201 SACRAMENTO, CA 95814
FACILITY EVALUATION REPORT	
FACILITY NAME: SANTIANNA OAKMONT SIGNATURE LIVING	FACILITY NUMBER: 374604533
ADMINISTRATOR: THARP, CHRISTOPHER	FACILITY TYPE: 740
ADDRESS: 2560 FARADAY AVE	TELEPHONE: (442) 325-8090
CITY: CARLSBAD	STATE: CA
CAPACITY: 226	ZIP CODE: 92010
TYPE OF VISIT: Office	CENSUS: 02/17/2022
MET WITH: Christopher Tharp, Administrator	ANNOUNCED
	DATE: 02/17/2022
	TIME BEGAN: 02:00 PM
	TIME COMPLETED: 02:30 PM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: Initial
3	Capacity: 226
4	Census (if any clients in care): None
5	
6	
7	
8	Method: Telephone call with CAB
9	COMP II Participants: Christopher Tharp, Administrator
10	<i>Applicant / administrator participated in COMP II via telephone call with the analyst at</i>
11	<i>CAB. During COMP II, applicant and administrator confirmed the understanding of</i>
12	<i>Title 22. Component II was successfully completed.</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	1. Facility operation: License type, client / resident populations, and program
20	2. Staff qualifications and responsibilities
21	3. Applicant and Administrator qualifications
22	4. Program policy: Abuse, admission agreement, medication management, reporting
23	incidents to CCL, restricted & prohibited conditions
24	5. Grievances, Complaints, Community resources
25	6. Physical plant, food service
	7. Application document review and technical assistance: Criminal record clearance,

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: Jude De La Concepcion

NAME OF LICENSING PROGRAM ANALYST: Victoria Christiansen

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/17/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/17/2022

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