

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604538

Report Date: 03/29/2022

Date Signed: 03/29/2022 11:01:50 AM

Document Has Been Signed on 03/29/2022 11:01 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:	RANCHVIEW SENIOR ASSISTED LIVING	FACILITY NUMBER:	374604538
ADMINISTRATOR:	SETTINERI, JEFFREY	FACILITY TYPE:	740
ADDRESS:	350 COLE RANCH ROAD	TELEPHONE:	(760) 717-4088
CITY:	ENCINITAS	STATE:	CA
CAPACITY:	42	CENSUS:	92024
TYPE OF VISIT:	Office	ANNOUNCED	DATE: 03/29/2022
MET WITH:	Jeffrey Settineri, Joyce Ballesteros	TIME BEGAN:	10:30 AM
		TIME COMPLETED:	10:57 AM

NARRATIVE	
1	Component II completion: Successful
2	
3	Facility Type: RCFE
4	Application Type: CHOW
5	Capacity: 42
6	Census (if any clients in care): 24
7	COMP II Participants: Jeffrey Settineri, Joyce Ballesteros
8	Interview Method: Telephone interview
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10	On 3/29/2022, applicant/administrator participated in COMP II. Identification of the applicant and administrator was verified through interview questions based on photo ID and other identifying personal information. During COMP II, applicant and administrator confirmed the understanding of the California Code Title 22 Regulations. Signed LIC 809 with copy of photo ID have been obtained.
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15	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of following areas:
16	1. Facility operation: License type, client/resident populations, and program
17	2. Admission Policies
18	3. Staffing requirements & Training
19	4. Restrictive/Prohibited Health Conditions
20	5. General provisions
21	6. Emergency Preparedness
22	7. Complaints & Reporting
23	8. Pre-licensing readiness
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Mirella Quaranta

NAME OF LICENSING PROGRAM ANALYST: Susan Nguyen

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 03/29/2022

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 03/29/2022

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