

FACILITY EVALUATION REPORT

Facility Number: 374604784  
Report Date: 03/08/2024  
Date Signed: 03/08/2024 10:23:12 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 9-14-8201 SACRAMENTO, CA 95814	
FACILITY EVALUATION REPORT			
FACILITY NAME: BAYSHIRE TORREY PINES		FACILITY NUMBER: 374604784	
ADMINISTRATOR: KIRBY, SCOTT		FACILITY TYPE: 741	
ADDRESS: 13101 HARTFIELD AVE		TELEPHONE: (858) 259-2222	
CITY: SAN DIEGO		ZIP CODE: 92130	
CAPACITY: 125		DATE: 03/08/2024	
TYPE OF VISIT: Office		ANNOUNCED TIME BEGAN: 10:00 AM	
MET WITH: Scott Kirby		TIME COMPLETED: 10:22 AM	
NARRATIVE			
1	Facility Type: RCFE-CCRC		
2	Capacity: 125		
3	Census (if any clients in care): Unknown		
4	COMP II Participants: Scott Kirby		
5	Interview Method: Telephone interview		
6			
7			
8	On March 08, 2024, applicant/administrator participated in COMP II. Identification of		
9	the applicant and administrator was verified through interview questions based on		
10	photo ID and other identifying personal information. During COMP II, applicant and		
11	administrator confirmed the understanding of the California Code Title 22		
12	Regulations. Signed LIC 809 with copy of photo ID have been obtained.		
13	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of		
14	following areas:		
15	1. Facility operation: License type, client/resident populations, and program		
16	2. Admission Policies		
17	3. Staffing requirements & Training		
18	4. Restricted/Prohibited Health Conditions		
19	5. General provisions		
20	6. Emergency Preparedness		
21	7. Complaints & Reporting		
22	8. Pre-licensing readiness		
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Jude De La Concepcion			
NAME OF LICENSING PROGRAM ANALYST: Bethany Hunter			

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 03/08/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 03/08/2024

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