

Community Care Licensing

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	STATE:	CA
CAPACITY:	125	CENSUS:	92130
TYPE OF VISIT:	Office	ANNOUNCED	03/08/2024
MET WITH:	Scott Kirby	TIME BEGAN:	10:00 AM
		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 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
9	Regulations. Signed LIC 809 with copy of photo ID have been obtained.
10	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
11	following areas:
12	1. Facility operation: License type, client/resident populations, and program
13	2. Admission Policies
14	3. Staffing requirements & Training
15	4. Restricted/Prohibited Health Conditions
16	5. General provisions
17	6. Emergency Preparedness
18	7. Complaints & Reporting
19	8. Pre-licensing readiness

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.