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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604802
Report Date: 04/03/2024
Date Signed: 04/03/2024 11:08:27 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 744 P STREET, MS 9-14-8201 SACRAMENTO, CA 95814

FACILITY NAME:	SUNRISE OF OCEANSIDE		FACILITY NUMBER:	374604802
ADMINISTRATOR:	MOORE, LAUNA		FACILITY TYPE:	740
ADMINISTRATOR/ DIRECTOR:				
ADDRESS:	4845 MESA DR		TELEPHONE:	(408) 962-2982
CITY:	OCEANSIDE	STATE: CA	ZIP CODE:	92056
CAPACITY: 136		CENSUS:	DATE:	04/03/2024
TYPE OF VISIT:	Office	ANNOUNCED	TIME BEGAN:	
			TIME VISIT/ INSPECTION BEGAN:	10:30 AM
MET WITH:	Marquez, Herman & Moore, Launa		TIME COMPLETED:	
			TIME VISIT/ INSPECTION COMPLETED:	10:55 AM

NARRATIVE

Facility Type: RCFE
Application Type: Initial
Capacity: 136
Interview Method: Telephone interview

On 4/3/2024, 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 that they have read and understand community care facility licensing laws included in the Health and Safety Codes and the California Code of Regulations Title 22. Signed LIC 809 with copy of photo ID have been obtained.

During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of following areas:
1. Facility operation: License type, client/resident populations, and program

24 25	2. Admission Policies 3. Staffing requirements & Training 4. Restrictive/Prohibited Health Conditions 5. General provisions 6. Emergency Preparedness 7. Complaints & Reporting 8. Pre-licensing readiness

NAME OF LICENSING PROGRAM MANAGER: Julia Kim
NAME OF LICENSING PROGRAM ANALYST: Nicole Rouse
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 04/03/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/03/2024

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