

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 445202625

Report Date: 02/08/2023

Date Signed: 02/09/2023 04:58:06 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131	
FACILITY EVALUATION REPORT			
FACILITY NAME: ALEXANDRIA VICTORIA 2		FACILITY NUMBER: 445202625	
ADMINISTRATOR: GRYSPOS JR, JOHN		FACILITY TYPE: 740	
ADDRESS: 228 MORRISSEY BLVD		TELEPHONE: (831) 429-9137	
CITY: SANTA CRUZ		STATE: CA ZIP CODE: 95062	
CAPACITY: 8		CENSUS: 6 DATE: 02/08/2023	
TYPE OF VISIT: Required - 1 Year		UNANNOUNCED TIME BEGAN: 01:04 PM	
MET WITH: John Gryspos Jr.		TIME COMPLETED: 03:47 PM	
NARRATIVE			
1	Licensing Program Analyst Ryker Heberle (LPA) conducted an unannounced annual inspection of the		
2	facility. LPA met with facility Administrator John Gryspos Jr (Admin).		
3			
4	LPA began touring the facility inside and out including living room, kitchen, dining room, all bathrooms		
5	and bedrooms, storage rooms, med room. All staff members observed to be wearing masks. Admin		
6	confirmed that all staff and residents have been vaccinated.		
7			
8	Facility Infectious Control plan has already been submitted. No prohibited items noted in resident rooms.		
9	All emergency exits noted to be clear of obstruction. All rooms in facility noted to be clean and well		
10	maintained. Hand sanitizers, soap, and paper supplies were observed to be available. All restrooms		
11	were stocked with paper towels. Hand washing signs observed in all bathrooms. Social distancing signs		
12	observed to be posted in all public areas.		
13			
14	Facility observed to have designated entry point via Alexandria Victoria 1, which is on the same property		
15	as Alexandria Victoria 2. Admin indicated that all visitors enter AV2 through AV1 Staff took LPA's		
16	temperature, screened for symptoms, and recorded information in visitor log. At least 2 days' supply of		
17	perishable food and at least 1 week's supply of non-perishable food was observed on the premises. 30		
18	day supply of PPE observed. Fire Extinguishers observed to have been purchased in February 2023.		
19	Carbon monoxide/smoke detectors were observed throughout the facility. Facility water temperature		
20	observed to be 114.6°F.		
21			
22			
23	No deficiencies cited during today's visit. This report was reviewed with Administrator John Gryspos Jr.		
24	and a copy of the signed report was provided.		
25			
NAME OF LICENSING PROGRAM MANAGER: Sarah Yip			
NAME OF LICENSING PROGRAM ANALYST: Ryker Heberle			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/08/2023

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/08/2023

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