

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435390032

Report Date: 12/15/2022

Date Signed: 01/05/2023 09:51:51 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, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
FACILITY EVALUATION REPORT	

FACILITY NAME: EMBARK AT SAN MARTIN	FACILITY NUMBER: 435390032
ADMINISTRATOR: DAWN HALIBURTON-RUDY	FACILITY TYPE: 730
ADDRESS:	TELEPHONE:
CITY:	ZIP CODE:
CAPACITY: 6	DATE: 12/15/2022
TYPE OF VISIT: Office	UNANNOUNCED TIME BEGAN: 11:47 AM
MET WITH: Brandy Spindel	TIME COMPLETED: 02:15 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Paul Simien made an unannounced visit to the above listed facility.
2	The purpose of this visit was to conduct a office visit. LPA discussed this with Brandy Spindel, Clinical
3	Director (CD) at 11:50 PM on 12/15/22.
4	
5	LPA Simien conducted a office visit to establish who was currently running the facility and met with CD
6	and discussed the following:
7	
8	CCL's requirement that the facility must communicate a change of Administrator within 10 days,
9	Embark's contingency plan to replace the previous Administrator, Administrator requirements,
10	Employees needing fingerprint clearance, payment of licensing fee, and Incident reporting requirements.
11	
12	The facility informed LPA Simien that the previous administrator left on 12/5/22. The facility stated that
13	they would email LPA Simien a contingency plan to replace the Administrator, which includes resumes
14	for individuals who they plan to fill the Administrator role.
15	
16	LPA Simien conducted a walk through of the facility. There were six clients and seven staff members at
17	the facility.
18	
19	
20	LPA Simien emailed LIC 624 PDF form (incident report) and the email address to send incident reports
21	to facility.
22	
23	Exit interview was conducted and a copy of this report was provided to Brandy Spindel, CD whose

24 signature on this form confirm receipt of these documents.
25

SUPERVISOR'S NAME: Helga Wong

TELEPHONE: (408) 324-2123

LICENSING EVALUATOR NAME: Paul Simien

TELEPHONE: 408-324-2112

LICENSING EVALUATOR SIGNATURE:



DATE: 12/15/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/15/2022

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