

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435390042

Report Date: 03/23/2023

Date Signed: 03/27/2023 09:56:54 AM

Document Has Been Signed on 03/27/2023 09:56 AM - It Cannot Be Edited

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-NEW AVENUE CAMPUS	FACILITY NUMBER:	435390042
ADMINISTRATOR:	DAWN HALIBURTON-RUDY	FACILITY TYPE:	730
ADDRESS:		TELEPHONE:	
CITY:		ZIP CODE:	
CAPACITY:	6	DATE:	03/23/2023
TYPE OF VISIT:	Case Management - Other	UNANNOUNCED TIME BEGAN:	09:00 AM
MET WITH:	Chris Van Nu Land, Residential Director	TIME COMPLETED:	12:00 PM

NARRATIVE	
1	On 3/22/23 at 9:00 AM, Licensing Program Analyst (LPA) Paul Simien conducted an unannounced visit to the above facility. The purpose of this visit was to conduct the required Post Licensing Inspection. LPA met with Chris Van Nu Land (RD), Residential Director, to conduct the required annual inspection.
2	
3	
4	
5	LPA conducted plaint, operations, disaster preparedness, emergency intervention, staff, clients sections, interviewed three staff members, and three clients.
6	
7	
8	The Annual Inspection is complete at this time. 8 Technical Violations, and 4 Technical assistance were cited at this time. LPA conducted an exit interview with Chris Van Nu Land, RD.
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	

24
25

SUPERVISOR'S NAME: Helga Wong

TELEPHONE: (408) 324-2123

LICENSING EVALUATOR NAME: Paul Simien

TELEPHONE: 408-324-2112

LICENSING EVALUATOR SIGNATURE:



DATE: 03/23/2023

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/23/2023

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