

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435390042

Report Date: 06/27/2024

Date Signed: 07/25/2024 03:00:30 PM

Document Has Been Signed on 07/25/2024 03:00 PM - 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: AMIR RAFIEI	FACILITY TYPE: 730
ADDRESS:	TELEPHONE:
CITY:	ZIP CODE:
CAPACITY: 6	DATE: 06/27/2024
TYPE OF VISIT: Annual/Required	UNANNOUNCED TIME BEGAN: 10:00 AM
MET WITH: Catherine Squires	TIME COMPLETED: 04:00 PM

NARRATIVE	
1	On June 27, 2024, at 10:00am, Licensing Program Analyst (LPA) Vaishali Singh-Sood conducted a
2	required annual inspection at Embark at San Martin - New Avenue Campus. The facility is a Group
3	Home, for a capacity of 6 ambulatory children, ages 12-17.
4	
5	This inspection was conducted with , Executive Director, Amy Bravo, of the following:
6	
7	The facility is a one story home. The home includes three client bedrooms; three and a half client
8	bathrooms; kitchen and living room; area set up for school; mindfulness nook; a private space to meet
9	with clients; a staff office; an admissions office; and, an isolation room/extra office, with a Murphy bed,
10	which will only be used for COVID positive clients or additional staff space. The facility and grounds are
11	in good repair, and free of obstructions; chemicals are stored and locked in the closet; locked and
12	centrally stored medication room/cabinet observed; observed medication logs and discussed
13	procedures for psychotropic medications; first aid kit complete; individual beds are in good repair; food
14	storage space observed; emergency foods observed; perishable foods and nonperishable foods will be
15	bought as soon as licensed and have a placement; dining room equipped with tables and chairs
16	accommodating all clients; all smoke detectors were tested by a fire inspector and appear to be in
17	proper working order; carbon monoxide detector observed; fire extinguishers are properly charged;
18	appropriate forms are posted in view of facility clients; and, no firearms or weapons are allowed in the
19	facility or on premises.
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SUPERVISOR'S NAME: Helga Wong

TELEPHONE: (408) 324-2123

LICENSING EVALUATOR NAME: Vaishali Singh-Sood

TELEPHONE: (408) 314-1046

LICENSING EVALUATOR SIGNATURE:



DATE: 06/27/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/27/2024

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

LIC809 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES

COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 2580 N. FIRST STREET,
STE. 350
SAN JOSE, CA 95131

FACILITY NAME: EMBARK AT SAN MARTIN-NEW AVENUE
CAMPUS

FACILITY NUMBER: 435390042

VISIT DATE: 06/27/2024

NARRATIVE

- 1 The backyard includes a swimming pool/hot tub with fencing (facility meets the regulation requirements
- 2 for inaccessibility for their population); outdoor BBQ area; solar paneling in the far rear of the property;
- 3 garden area; dog kennel (which is not utilized unless for storage); and, grapevines on the extended
- 4 property.
- 5
- 6 All staff and client files are electronic, and hard copies are available to Community Care Licensing (CCL)
- 7 for review.
- 8
- 9 On today's date, there were not any deficiencies cited LPA conducted an exit interview with Ms. Bravo,
- 10 at 4:00 PM. A copy of this document was emailed to Amy Bravo..
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