

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435390032

Report Date: 01/27/2025

Date Signed: 01/27/2025 05:09:53 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN JOSE RO, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
FACILITY EVALUATION REPORT	

FACILITY NAME:	EMBARK AT SAN MARTIN	FACILITY NUMBER:	435390032
ADMINISTRATOR/AMIR RAFIEI		FACILITY TYPE:	730
DIRECTOR:		TELEPHONE:	
ADDRESS:		ZIP CODE:	
CITY:	STATE:	DATE:	01/27/2025
CAPACITY: 6	TOTAL ENROLLED CHILDREN: 0	CENSUS: 4	
TYPE OF VISIT:	Annual/Required	UNANNOUNCED TIME VISIT/	
		INSPECTION	10:13 AM
		BEGAN:	
MET WITH:	Michelle Hanks, Administrator	TIME VISIT/	
		INSPECTION	05:15 PM
		COMPLETED:	

NARRATIVE	
1	On January 27, 2025 at 10:13 AM, an unannounced annual inspection was conducted by Licensing
2	Program Analysts (LPA's), Mona Lam and Hanako Primer at the above licensed facility. LPAs met with
3	Michelle Hanks, William Han, Christopher VanNuLand and Zuzana Houbova.
4	
5	The facility has a capacity of six clients, ages twelve through seventeen and is currently holding a
6	census of four. The home has three client bedrooms, each bedroom has two beds and the home has
7	two client bathrooms for all the youth. There is a dining room, a living room, and a kitchen. LPAs
8	inspected refrigerator and observed some foods without labeled dates. LPAs advised in labeling foods
9	with dates for best practice. LPAs observed menu on fridge with listed lunch and dinner. LPA Lam asked
10	if breakfast was served to youth in care. Michelle stated breakfast is served to youth. LPA Lam issued
11	technical advisory 80076(a)(2) Food Services in listing breakfast on weekly menu.
12	
13	LPAs observed house phone was unplugged and located in closet. Facility removed house phone from
14	closet and plugged house phone in the living room. A Type A citation was issued under 80073(a)
15	Telephones.
16	
17	LPAs inspected a first aid kit. LPAs observed no thermometer in a first aid kit in a backpack brought for
18	outings, but a thermometer within nurse's office. LPA Lam issued a technical advisory under 80075(g)(1)
19	(G). All smoke detectors were identified and are in working condition. The fire extinguisher were
20	prominent and looked in good condition. LPA Primer measured bathroom hot water up to 94.6 degrees
21	Fahrenheit. A Type A citation was issued under 80088(e)(1) Fixtures, Furniture, Equipment and
22	Supplies.
23	

24 LPAs inspected the backyard of the facility. LPAs observed a pool without a pool cover. A Type B citation
25 was issued under **80087(e)(1) Buildings and Grounds**. (Continued on LIC809-C)

Helga Wong
Mona Lam

TELEPHONE: (408) 277-1289
TELEPHONE: (916) 764-6983

DATE: 01/27/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/27/2025

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

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
SAN JOSE RO, 2580 N. FIRST STREET, STE. 350
SAN JOSE, CA 95131

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: EMBARK AT SAN MARTIN

FACILITY NUMBER: 435390032

VISIT DATE: 01/27/2025

NARRATIVE

1 LPAs inspected four client files. During the inspection, LPAs observed two files that did not list
2 prescribing physician for current medications of clients. A technical violation was issued under 80070(b)
3 (10) Client's Records. LPAs did not observe dental history within all of the client files. A Type B citation
4 was issued under **84070(b)(7) Children's Records**. LPAs observed all treatment plans, which did not
5 contain child's or authorized representative's signatures. A Type A citation was issued under **84070(c)(1)**
6 **Children's Records**.
7 LPA Lam asked any youth uses a Telecommunications Device. William Han identified one youth to use a
8 telecommunications device. LPAs did not observe LIC9158 for youth. A Type B citation was issued
9 under **80068(b) Admission Agreements**. LPA Lam asked if youth sharing bedrooms have a
10 documented compatibility agreement. No documentation was identified in the files for youth sharing
11 bedrooms. A Type B citation was issued under **84087(e) Buildings and Grounds**.
12
13 LPA Lam inspected signed documentation of child's personal rights per client file. LPA Lam observed
14 signatures for client's and authorized representative's. LPA Lam observed Alyssa Avila's name listed
15 under licensee/designee in each of the client's personal rights, without their signature. LPA Lam asked
16 who is delivering personal rights for clients due to being informed Alyssa Avila have been on leave with
17 Embark for almost a year. Michelle informed that the enrollment director/therapist or direct care staff
18 would deliver child's personal rights. A technical advisory was issued under 84070(b)(17) Children's
19 Records.
20
21 LPAs inspected photos of valve shut offs, fire clearance, board of directors' meeting minutes, and past
22 licensing reports.
23
24 LPA Primer conducted four confidential client interviews. At this time the inspection is not complete and
25 it will be concluded at a later date. Seven (7) deficiencies were cited at the inspection (refer to LIC809-
26 D).
27
28 An exit interview was conducted a copy of this report and appeals rights page were discussed, printed,
29 and delivered to Michelle Hanks prior to leaving the facility.
30
31
32

SUPERVISOR'S NAME: Helga Wong
LICENSING EVALUATOR NAME: Mona Lam
LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (408) 277-1289
TELEPHONE: (916) 764-6983

DATE: 01/27/2025

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FACILITY REPRESENTATIVE SIGNATURE:

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LIC809 (FAS) - (06/04)

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FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
, 2580 N. FIRST STREET, STE. 350
SAN JOSE, CA 95131

FACILITY NAME: EMBARK AT SAN MARTIN

FACILITY NUMBER: 435390032

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/27/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	80073(a)	
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Telephones

(a) All facilities shall have telephone service on the premises.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observations and interviews, the house telephone was not accessible for youth at the time of the inspection, which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 01/28/2025
	Plan of Correction
1	Administrator will send training outline and training dates to LPA via email 01/28/25. Administrator will send sign-in sheets of those attended training of phone policy to LPA via email by 02/27/25.
2	
3	
4	

	Type A	Section Cited	CCR	80088(e)(1)	
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Fixtures, Furniture, Equipment and Supplies

(e) Faucets used by clients for personal care such as shaving and grooming shall deliver hot water. (1) Hot water temperature controls shall be maintained to automatically regulate temperature of hot water delivered to plumbing fixtures used by clients to attain a hot water temperature of not less than 105 degrees F (40.5 degrees C) and not more than 120 degrees F (48.8 degrees C).

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on temperature readings that measured to 94.6 degrees Fahrenheit, licensee did not ensure hot water temperature was maintained and met, which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 01/28/2025
	Plan of Correction
1	Administrator will send proof of work order of plumbing to LPA via email by 01/28/25. Administrator will send documented proof (photo) of water temperature in compliance to LPA by 02/27/25.
2	
3	
4	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: LICENSING EVALUATOR NAME: LICENSING EVALUATOR SIGNATURE:	Helga Wong Mona Lam 	TELEPHONE: (408) 277-1289 TELEPHONE: (916) 764-6983 DATE: 01/27/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 01/27/2025

LIC809 (FAS) - (06/04)

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	84070(c)(1)	
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Children's Records

(c) If it is determined that the facility can provide the services necessary to meet the child's needs, the following additional information shall be maintained in the child's record: (1) A copy of the child's original needs and services plan; verification, signed by the child and their authorized representative(s), that they were offered the opportunity to participate in plan development; and verification that the authorized representative(s) have approved the plan.	
This requirement is not met as evidenced by:	
Deficient Practice Statement	
1	Based on record review, treatment plans were observed with no signatures of the client's or authorized
2	representative's, which poses an immediate health, safety or personal rights risk to persons in care.
3	
4	
POC Due Date:	01/28/2025
Plan of Correction	
1	Administrator will ensure all clients' signatures will be sent to LPA via email 01/28/25. Administrator will
2	ensure authorized represenatives' signatures will be sent to LPA via email 02/27/25.
3	
4	

		Section Cited			
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Deficient Practice Statement	
1	
2	
3	
4	
POC Due Date:	

	Plan of Correction
1	
2	
3	
4	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME:	Helga Wong	TELEPHONE: (408) 277-1289
LICENSING EVALUATOR NAME:	Mona Lam	TELEPHONE: (916) 764-6983
LICENSING EVALUATOR SIGNATURE:		
	DATE: 01/27/2025	

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FACILITY NAME: EMBARK AT SAN MARTIN

FACILITY NUMBER: 435390032

DEFICIENCY INFORMATION FOR THIS PAGE:

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

Deficiency Dismissed	Type B	Section Cited	CCR	80087(e)(1)	
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Buildings and Grounds

(e) All licensees serving children or serving clients who have physical handicaps, mental disorders, or developmental disabilities shall ensure the inaccessibility of pools, including swimming pools (in-ground and above-ground), fixed-in-place wading pools, hot tubs, spas, fish ponds or similar bodies of water through a pool cover or by surrounding the pool with a fence. (1) Fences shall be at least five-feet high and shall be constructed so that the fence does not obscure the pool from view. The bottom and sides of the fence shall comply with Division 1, Appendix Chapter 4 of the 1994 Uniform Building Code. In addition to meeting all of the aforementioned requirements for fences, gates shall swing away from the pool, self-close and have a self-latching device located no more than six inches from the top of the gate. Pool covers shall be strong enough to completely support the weight of an adult and shall be placed on the pool and locked while the pool is not in use.	
This requirement is not met as evidenced by:	

	Deficient Practice Statement
1	Based on observation, a pool cover was not observed at the facility, which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 02/27/2025
	Plan of Correction

1	Administrator will order pool cover for pool. Administrator will send copy of the work order and picture of pool cover used by 02/27/25 at 5:00 PM via email.
2	
3	
4	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

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LICENSING EVALUATOR NAME:	Mona Lam	TELEPHONE: (916) 764-6983
LICENSING EVALUATOR SIGNATURE:		DATE: 01/27/2025
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	Type B	Section Cited	CCR	84070(b)(7)	
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Children's Records

(b) The following information regarding the child shall be obtained and maintained in the child's record: (7) Dental and medical history, if available, including immunization records; and physician's orders for any medically necessary diet as specified in Section 80076(a)(6).	
This requirement is not met as evidenced by:	
	Deficient Practice Statement
1	Based on observation of record review and interview, dental history was not maintained in four out of four client records, which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 02/27/2025
	Plan of Correction
1	Administrator will ensure enrollment process include dental history. Administrator will email LPA screenshots of current clients' dental history in their files by 02/27/25 at 5:00 PM.
2	
3	
4	

	Type B	Section Cited	CCR	80068(b)	
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Admission Agreements

(b) The licensee shall complete and maintain in the client's file a Telecommunications Device Notification form (LIC 9158, 5/97) for each client whose pre-admission appraisal or medical assessment indicates he/she is deaf, hearing-impaired, or otherwise disabled.

This requirement is not met as evidenced by:

Deficient Practice Statement	
1 2 3 4	Based on interview and record review, a telecommunication device notification form was not observed for one of the youth in care, which poses/posed a potential health, safety or personal rights risk to persons in care.
POC Due Date: 02/27/2025	
Plan of Correction	
1 2 3 4	Administator will ensure LIC 9158 will be part of the enrollment process. Administrator will email LIC 9158 of current client by 02/27/25 at 5:00 PM.

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LICENSING EVALUATOR NAME:	Mona Lam	TELEPHONE: (916) 764-6983
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DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	84087(e)	
Buildings and Grounds					
(e) In every situation where children share a bedroom, the licensee shall document that the bedroom sharing arrangement ensures the health and safety of each child and that the children are compatible. When considering compatibility, a Licensee shall consult with children in their care, in an age and developmentally appropriate manner, regarding the child's sexual orientation and gender identity and what information the child wishes to disclose and to whom. A licensee shall not disclose information about the child's sexual orientation and/or gender and gender expression against the child's wishes, unless disclosure is required to protect the child's health and safety or compelled to do so by law or court order. This documentation shall be maintained in the child's record.					

This requirement is not met as evidenced by:

Deficient Practice Statement

1 Based on record review and interview, the licensee didn't ensure a roommate compatability assessment
2 was made prior to placing youth in shared bedrooms, which poses/posed a potential health, safety or
3 personal rights risk to persons in care.
4

POC Due Date: 02/27/2025

Plan of Correction

1 Administrator will write a procedure for assigning youth to roommates. The treatment team or leadership
2 team will complete an assessment of roommate compatability and upload it to the chart. Administrator will
3 email LPA the completed roommate assessment of current clients in care by 02/27/25 at 5:00 PM.
4

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

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Helga Wong

TELEPHONE: (408) 277-1289

LICENSING EVALUATOR NAME:

Mona Lam

TELEPHONE: (916) 764-6983

LICENSING EVALUATOR SIGNATURE:

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