

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435390042

Report Date: 06/01/2022

Date Signed: 06/01/2022 09:40:15 AM

Document Has Been Signed on 06/01/2022 09:40 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: NOEL BEAULIEU	FACILITY TYPE: 730
ADDRESS:	TELEPHONE:
CITY:	STATE:
CAPACITY: 6	ZIP CODE:
TYPE OF VISIT: Prelicensing	CENSUS: 0
MET WITH: Noel Beaulieu	DATE: 06/01/2022
	UNANNOUNCED TIME BEGAN: 08:30 AM
	TIME COMPLETED: 10:00 AM

NARRATIVE	
1	On June 1, 2022, at 8:30am, Licensing Program Analyst (LPA) Monica Pavia conducted a pre-licensing
2	inspection. Embark at San Martin - New Avenue Campus has submitted an application for a Group
3	Home license, for a capacity of 6 ambulatory children, ages 12-17.
4	
5	This inspection was conducted with Noel Beaulieu and included observation 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.
20	
21	
22	
23	

24
25

SUPERVISOR'S NAME: Carolyn Flynn

TELEPHONE: (408) 324-2112

LICENSING EVALUATOR NAME: Monica Pavia

TELEPHONE: (408) 309-9923

LICENSING EVALUATOR SIGNATURE:



DATE: 06/01/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/01/2022

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

LIC809 (FAS) - (06/04)

Page: 1 of 2

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: 06/01/2022

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 (will not be utilized unless for storage); and, grapevines on the extended
- 4 property.
- 5
- 6 All staff and client files are electronic and available to Community Care Licensing (CCL). (There will also
- 7 be hard copy files for clients.)
- 8
- 9 Embark at San Martin - New Avenue Campus is ready for licensure today, 6/1/22. Your license will be
- 10 mailed.
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32

SUPERVISOR'S NAME: Carolyn Flynn LICENSING EVALUATOR NAME: Monica Pavia LICENSING EVALUATOR SIGNATURE:	TELEPHONE: (408) 324-2112 TELEPHONE: (408) 309-9923 DATE: 06/01/2022
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/01/2022