

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435390063

Report Date: 12/20/2024

Date Signed: 12/20/2024 09:48:28 AM

Document Has Been Signed on 12/20/2024 09:48 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 - SAN MARTIN AVE	FACILITY NUMBER:	435390063
ADMINISTRATOR/AMIR RAFIEI		FACILITY TYPE:	730
DIRECTOR:		TELEPHONE:	
ADDRESS:		ZIP CODE:	
CITY:	STATE:	DATE:	12/20/2024
CAPACITY: 6	TOTAL ENROLLED CHILDREN: 0	CENSUS: 0	
TYPE OF VISIT:	Case Management - Other	UNANNOUNCED TIME VISIT/	
		INSPECTION	10:00 AM
		BEGAN:	
MET WITH:	Amy Bravo	TIME VISIT/	
		INSPECTION	12:00 PM
		COMPLETED:	

NARRATIVE	
1	On December 20, 2024, at 10:00 AM, Licensing Program Analyst (LPA) Vaishali Singh-Sood conducted a pre-licensing inspection. Embark at San Martin - San Martin Ave has submitted an application for a Group Home license, for a capacity of 6 ambulatory children, ages 12-17.
2	
3	
4	
5	This inspection was conducted with Amy Bravo and included observation of the following:
6	
7	The facility is a two story home. The home includes 3 client bedrooms; 2 client bathrooms; kitchen and parlor room; dining room, butler's pantry area set up for school; mindfulness nook; two private spaces to meet with clients; a staff office; an admissions office; and, an isolation room/extra office, with a Murphy bed, which will only be used for COVID positive clients or additional staff space. The facility and grounds are in good repair, and free of obstructions; chemicals are stored and locked in the closet; locked and centrally stored medication room/cabinet observed; observed medication logs and discussed procedures for psychotropic medications; first aid kit complete; individual beds are in good repair; food storage space observed; emergency foods observed; perishable foods and nonperishable foods will be bought as soon as licensed and have a placement; dining room equipped with tables and chairs accommodating all clients; all smoke detectors were tested by a fire inspector and appear to be in proper working order; carbon monoxide detector observed; fire extinguishers are properly charged; appropriate forms are posted in view of facility clients; and, no firearms or weapons are allowed in the facility or on premises.
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	

24
25

Helga Wong
Vaishali Singh-Sood

TELEPHONE: (408) 324-2123
TELEPHONE: (408) 314-1046



DATE: 12/20/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/20/2024

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 - SAN MARTIN
AVE

FACILITY NUMBER: 435390063

VISIT DATE: 12/20/2024

NARRATIVE

- 1 The backyard includes three patio areas, and two separate lawns; two seating areas, fireplace area, an
- 2 outdoor BBQ area; and a garden area.
- 3
- 4 All staff and client files are electronic and available to Community Care Licensing (CCL).
- 5
- 6 Embark at San Martin - San Martin Ave will ready for licensing upon completion of the approved
- 7 Program Statement which is currently in review.
- 8
- 9
- 10
- 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: Helga Wong
LICENSING EVALUATOR NAME: Vaishali Singh-Sood

TELEPHONE: (408) 324-2123
TELEPHONE: (408) 314-1046

LICENSING EVALUATOR SIGNATURE:	DATE: 12/20/2024
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 12/20/2024