

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435390032

Report Date: 12/21/2021

Date Signed: 12/21/2021 10:34:29 AM

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		FACILITY NUMBER:	435390032
ADMINISTRATOR: JESSICA LONGORIA		FACILITY TYPE:	730
ADDRESS:		TELEPHONE:	
CITY:		ZIP CODE:	
CAPACITY:	6	DATE:	12/21/2021
TYPE OF VISIT:	Case Management - Other	UNANNOUNCED TIME BEGAN:	09:00 AM
MET WITH:	Jessica Longoria	TIME COMPLETED:	10:45 AM
NARRATIVE			
1	On December 21, 2021, at 9:00am, Licensing Program Analyst (LPA) Monica Pavia conducted a pre-		
2	licensing inspection. Embark at San Martin has submitted an application for a Group Home license, for a		
3	capacity of 6 ambulatory children, ages 12-17.		
4			
5	This inspection was conducted with Jessica Longoria and Genia Towner-Diaz and included observation		
6	of the following:		
7			
8	The main living facility is a two story home. The first floor includes three client bedrooms; one and one		
9	half client bathrooms; kitchen and living room; area set up for school; and, a private space to meet with		
10	clients. The second floor is the staff area which includes an office and bathroom, and is locked and		
11	inaccessible to clients. The facility and grounds are in good repair, and free of obstructions; chemicals		
12	are stored and locked in the closet; locked and centrally stored medication room/cabinet observed;		
13	observed medication logs and discussed procedures for psychotropic medications; first aid kit complete;		
14	individual beds are in good repair; food storage space observed; emergency foods observed; perishable		
15	foods and nonperishable foods will be bought as soon as licensed; dining room equipped with tables		
16	and chairs accommodating all clients; all smoke detectors were tested by a fire inspector and appear to		
17	be in proper working order; carbon monoxide detector observed; fire extinguishers are properly charged;		
18	appropriate forms are posted in view of facility clients; facility has a swimming pool/hot tub with fencing		
19	(facility meets the regulation requirements for inaccessibility for their population); and, no firearms or		
20	weapons are allowed in the facility or on premises.		
21			
22			
23	The main living facility also has an isolation room which includes two beds and a bathroom, which is		
24	kept locked, and will only be used for COVID positive clients.		
25			
SUPERVISOR'S NAME: Carolyn Flynn		TELEPHONE: (408) 324-2112	
LICENSING EVALUATOR NAME: Monica Pavia		TELEPHONE: (408) 309-9923	
LICENSING EVALUATOR SIGNATURE:		DATE: 12/21/2021	

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/21/2021

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

FACILITY NUMBER: 435390032

VISIT DATE: 12/21/2021

NARRATIVE

1 Additional structures and buildings on the property: an outdoor BBQ area which includes one bathroom;
2 locked and inaccessible barn which stores all maintenance tools; second home on the property is a staff
3 only structure that consists of staff offices and where the staff files will be locked; and, grapevines on the
4 extended property.

5
6 All client files are electronic and available to Community Care Licensing (CCL).
7

8 CCL is waiting for the fire clearance and a bank statement in lieu of financial verification. Once these
9 items have been received and reviewed, Embark at San Martin will be ready for licensure on January
10 18, 2022.
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SUPERVISOR'S NAME: Carolyn Flynn

TELEPHONE: (408) 324-2112

LICENSING EVALUATOR NAME: Monica Pavia

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LICENSING EVALUATOR SIGNATURE:

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