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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435390042
Report Date: 02/15/2024
Date Signed: 02/15/2024 01:10:34 PM

Document Has Been Signed on 02/15/2024 01:10 PM **- It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT**	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
ADMINISTRATOR:	PRINCESS GARCIA			**FACILITY TYPE:**	730
ADDRESS:				**TELEPHONE:**	
CITY:		**STATE:**		**ZIP CODE:**	
CAPACITY:	6	**CENSUS:**	3	**DATE:**	02/15/2024
TYPE OF VISIT:	Case Management - Deficiencies	UNANNOUNCED		**TIME BEGAN:**	09:45 AM
MET WITH:	Alyssa Avila			**TIME COMPLETED:**	11:56 AM

NARRATIVE

On 2/15/2024 at 9:45 AM, Licensing Program Analyst (LPA) Shikya Belfield and LPA Celest Aparicio, conducted an unannounced inspection to the above facility. The purpose of this inspection is to conduct a case management regarding information received by the department.

On 10/27/2023 during an inspection, the facility was cited for having staff working without having Criminal Record clearance. Based on confidential interviews conducted on 2/6/2024, it was confirmed that S4 and S7 (see LIC811 dated 10/27/23) continued working at Embark with youth since 10/27/2023. Facility is being cited for violation of the California Code of Regulations. Title 22. Division, Six, Section 80019(e)(2) Criminal Record Clearance. Facility is being assessed a civil penalty for failing to correct the violation.

An exit interview was conducted and a copy of this report was sent to House manager Alyssa Avila, Amir Rafiei, and Maira Sanchez.

24 25	

SUPERVISOR'S NAME: Carolyn Flynn
TELEPHONE: (408) 324-2112
LICENSING EVALUATOR NAME: Shikya Belfield
TELEPHONE: (408) 316-8950
LICENSING EVALUATOR SIGNATURE:

DATE: 02/15/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/15/2024

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

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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
DEFICIENCY INFORMATION FOR THIS PAGE:
VISIT DATE: 02/15/2024

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type A 02/16/2024 **Section Cited** CCR 80019(e)(2)	1 2 3 4 5 6 7	80019(e)(2) Obtain a California clearance or a criminal record exemption as required by the Department. This requirement was not met as evidenced by,	1 2 3 4 5 6 7	Staff have been criminally record cleared and licensee agrees to follow all applicable laws and regulations.
	8 9 10 11 12 13 14	Based on confidential interviews conducted on 2/6/2024, it was confirmed that S4 and S7 (see LIC811 dated 10/27/23) continued working at Embark with youth since 10/27/2023. This poses an immediate health, safety, or personal rights risk to the cleints in care.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4		1 2 3 4	

	5 6 7			5 6 7	

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: Carolyn Flynn **LICENSING EVALUATOR NAME:** Shikya Belfield **LICENSING EVALUATOR SIGNATURE:**	**TELEPHONE:** (408) 324-2112 **TELEPHONE:** (408) 316-8950 **DATE:** 02/15/2024
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	**DATE:** 02/15/2024