

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107209360

Report Date: 09/11/2023

Date Signed: 09/11/2023 02:11:26 PM

Document Has Been Signed on 09/11/2023 02:11 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRALIZED APP UNIT, 744 P STREET, MS 9-14-8201 SACRAMENTO, CA 95814
FACILITY EVALUATION REPORT	

FACILITY NAME:	NORTHWEST VILLA			FACILITY NUMBER:	107209360
ADMINISTRATOR:	ROYCHOUDHURY, MINAKSHI			FACILITY TYPE:	740
ADDRESS:	542 W. BROWNING AVENUE			TELEPHONE:	(559) 448-8964
CITY:	FRESNO			STATE:	CA
CAPACITY:	6			CENSUS:	3
TYPE OF VISIT:	Office			ANNOUNCED	DATE: 09/11/2023
MET WITH:	Rajat and Minakshi Roychoudhury			TIME BEGAN:	01:30 PM
				TIME COMPLETED:	02:04 PM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: CHOW
3	Capacity: 6
4	Census (if any clients in care): 3
5	COMP II Participants: Rajat Roychoudhury (Licensee) & Minakshi Roychoudhury (Administrator)
6	Interview Method: Virtual interview via Microsoft Teams
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13	On September 11, 2023, applicant/administrator participated in COMP II.
14	Identification of the applicant and administrator was verified through
15	interview questions based on photo ID and other identifying personal
16	information. During COMP II, applicant and administrator confirmed that
17	they have read and understand community care facility licensing laws included
18	in the Health and Safety Codes and the California Code of Regulations Title
19	22. Signed LIC 809 with copy of photo ID have been obtained.
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24	During COMP II, CAB analyst confirmed Applicant/Administrator's
25	understanding of following areas:
	1. Facility operation: License type, client/resident populations, and program
	2. Admission Policies
	3. Staffing requirements & Training

- 4. Restrictive/Prohibited Health Conditions
- 5. General provisions
- 6. Emergency Preparedness
- 7. Complaints & Reporting
- 8. Pre-licensing readiness

NAME OF LICENSING PROGRAM MANAGER: Darla Neeley

NAME OF LICENSING PROGRAM ANALYST: Diamond Law

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/11/2023

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/11/2023

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