

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107209360

Report Date: 09/11/2023

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

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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	ZIP CODE:	93704
CAPACITY: 6	CENSUS: 3	DATE:	09/11/2023
TYPE OF VISIT: Office	ANNOUNCED	TIME BEGAN:	01:30 PM
MET WITH: Rajat and Minakshi Roychoudhury		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		
6	Roychoudhury (Administrator)		
7	Interview Method: Virtual interview via Microsoft Teams		
8			
9			
10			
11			
12			
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.		
20			
21			
22			
23			
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.