

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 157209304

Report Date: 02/09/2023

Date Signed: 02/09/2023 01:52:56 PM

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

FACILITY NAME: HALLMARK OF BAKERSFIELD	FACILITY NUMBER: 157209304
ADMINISTRATOR: CANDELAS, ASHLEY L.	FACILITY TYPE: 740
ADDRESS: 2001 AKERS ROAD	TELEPHONE: (661) 834-0200
CITY: BAKERSFIELD	STATE: CA
CAPACITY: 99	ZIP CODE: 90036
TYPE OF VISIT: Office	CENSUS: 47
MET WITH: Shlomo Aron, Applicant	ANNOUNCED
	DATE: 02/09/2023
	TIME BEGAN: 01:00 PM
	TIME COMPLETED: 01:50 PM

NARRATIVE	
1	Component II completion: Successful
2	
3	
4	Facility Type: Residential Care Facility for Elderly (RCFE)
5	Application Type: Change in Ownership (CHOW)
6	Capacity: 99
7	Census (if any clients in care): 47
8	COMP II Participants: Shlomo Aron
9	Interview Method: Telephone interview
10	
11	
12	On February 09, 2023 at 1:00 PM, Applicant participated in COMP II. Identification of
13	the Applicant was verified through interview questions based on photo ID and other
14	identifying personal information. During COMP II, Applicant confirmed that they have
15	read and understand community care facility licensing laws included in the Health
16	and Safety Codes and the California Code of Regulations Title 22.
17	
18	
19	During COMP II, CAB Analyst confirmed Applicant's understanding of following
20	areas:
21	
22	1. Facility Operation: License type, client/resident populations, and program
23	2. Admission Policies
24	3. Staffing Requirements & Training
25	4. Restrictive/Prohibited Health Conditions
	5. General Provisions
	6. Emergency Preparedness
	7. Complaints & Reporting
	8. Pre-licensing Readiness

Exit interview conducted with Applicant. Copy of report sent via email pdf and informed to return sign copy to CAB by end of business day.

NAME OF LICENSING PROGRAM MANAGER: Darla Neeley
NAME OF LICENSING PROGRAM ANALYST: Celia Phomphachanh
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/09/2023

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/09/2023

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