

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 019201063

Report Date: 05/07/2021

Date Signed: 05/07/2021 05:05:11 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 8-3-91 SACRAMENTO, CA 95814
FACILITY EVALUATION REPORT	

FACILITY NAME: AEGIS GARDENS	FACILITY NUMBER: 019201063
ADMINISTRATOR: POON, EMILY	FACILITY TYPE: 740
ADDRESS: 36281 FREMONT BOULEVARD	TELEPHONE: (510) 739-0946
CITY: FREMONT	STATE: CA ZIP CODE: 94536
CAPACITY: 85	CENSUS: DATE: 05/07/2021
TYPE OF VISIT: Office	ANNOUNCED TIME BEGAN: 10:00 AM
MET WITH: De La Cerda, Ana & Poon, Emily	TIME COMPLETED: 10:30 AM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: CHOW
3	Capacity: 85
4	Method: Telephone call with CAB
5	Applicant/administrator participated in COMP II via telephone call with the
6	analyst at CAB.
7	Identification of the applicant and administrator was verified by correctly
8	answering identity
9	verification question. During COMP II, applicant and administrator confirmed the
10	understanding of Title 22. Component II was successfully completed. Applicant
11	has been
12	advised to transmit signed LIC 809 with copy of photo ID to CAB.
13	During COMP II, CAB analyst confirmed Applicant/Administrator's
14	understanding of
15	following areas:
16	1. Facility operation: License type, client/resident populations, and program
17	2. Staff qualifications and responsibilities
18	3. Applicant and Administrator qualifications
19	4. Program policy: Abuse, admission agreement, medication management,
20	reporting

incidents to CCL, restricted & prohibited conditions
5. Grievances, Complaints, Community resources
6. Physical plant, food service
7. Application document review and technical assistance: Criminal record clearance,
Health screening, Fire clearance, First Aid/CPR certificate, Administrator certificate, Financial verification, Pre-licensing inspection, Compliance history, Control of property

NAME OF LICENSING PROGRAM MANAGER: Julia Kim

NAME OF LICENSING PROGRAM ANALYST: Nicole Rouse

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/07/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/07/2021

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