

Department of

# SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

Facility Number: 019201063

Report Date: 05/07/2021

Date Signed: 05/07/2021 05:05:11 PM

**Document Has Been Signed on 05/07/2021 05:05 PM - It Cannot Be Edited**

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	
<b>FACILITY EVALUATION REPORT</b>			
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: ANNOUNCED	DATE: 05/07/2021	
TYPE OF VISIT: Office		TIME BEGAN: 10:00 AM	
MET WITH: De La Cerda, Ana & Poon, Emily		TIME COMPLETED: 10:30 AM	
<b>NARRATIVE</b>			
1	Facility Type: RCFE		
2	Application Type: CHOW		
3	Capacity: 85		
4	Method: Telephone call with CAB		
5			
6			
7			
8	Applicant/administrator participated in COMP II via telephone call with the		
9	analyst at CAB.		
10	Identification of the applicant and administrator was verified by correctly		
11	answering identity		
12	verification question. During COMP II, applicant and administrator confirmed the		
13	understanding of Title 22. Component II was successfully completed. Applicant		
14	has been		
15	advised to transmit signed LIC 809 with copy of photo ID to CAB.		
16			
17			
18			
19			
20	During COMP II, CAB analyst confirmed Applicant/Administrator's		
21	understanding of		
22	following areas:		
23	1. Facility operation: License type, client/resident populations, and program		
24	2. Staff qualifications and responsibilities		
25	3. Applicant and Administrator qualifications		
	4. Program policy: Abuse, admission agreement, medication management, 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.**