

Department of

# SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 019201143

Report Date: 02/17/2022

Date Signed: 02/17/2022 11:35:09 AM

Document Has Been Signed on 02/17/2022 11:35 AM - 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 9-14-8201 SACRAMENTO, CA 95814	
<b>FACILITY EVALUATION REPORT</b>			
FACILITY NAME: ELEGANCE BERKELEY		FACILITY NUMBER:	019201143
ADMINISTRATOR: BADOUD, ANDREW		FACILITY TYPE:	740
ADDRESS: 2100 SAN PABLO AVENUE		TELEPHONE:	(951) 310-0024
CITY: BERKELEY	STATE: CA	ZIP CODE:	94710
CAPACITY: 120	CENSUS:	DATE:	02/17/2022
TYPE OF VISIT: Office	ANNOUNCED	TIME BEGAN:	11:00 AM
MET WITH: Kenneth Assiran, Applicant; Andrew Badoud, Administrator; Chason Archuleta, Vice President		TIME COMPLETED:	11:30 AM
<b>NARRATIVE</b>			
1	Facility Type: RCFE		
2	Application Type: Initial		
3	Capacity: 120		
4	Census (if any clients in care): None		
5			
6			
7			
8	Method: Telephone call with CAB		
9	COMP II Participants: Kenneth Assiran, Applicant; Andrew Badoud, Administrator; Chason		
10	Archuleta, Vice President		
11	<i>Applicant / administrator participated in COMP II via telephone call with the analyst at</i>		
12	<i>CAB. During COMP II, applicant and administrator confirmed the understanding of</i>		
13	<i>Title 22. Component II was successfully completed.</i>		
14			
15			
16			
17	<i>During COMP II, CAB analyst confirmed Applicant / Administrator's understanding of</i>		
18	<i>following areas:</i>		
19			
20	1. Facility operation: License type, client / resident populations, and program		
21	2. Staff qualifications and responsibilities		
22	3. Applicant and Administrator qualifications		
23	4. Program policy: Abuse, admission agreement, medication management, reporting		
24	incidents to CCL, restricted & prohibited conditions		
25	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:** Jude De La Concepcion

**NAME OF LICENSING PROGRAM ANALYST:** Victoria Christiansen

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 02/17/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 02/17/2022

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