

## 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
CAPACITY:	120	CENSUS:	94710
TYPE OF VISIT:	Office	ANNOUNCED	DATE: 02/17/2022
MET WITH:	Kenneth Assiran, Applicant; Andrew Badoud, Administrator; Chason Archuleta, Vice President	TIME BEGAN:	11:00 AM
		TIME COMPLETED:	11:30 AM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: Initial
3	Capacity: 120
4	Census (if any clients in care): None
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7	
8	Method: Telephone call with CAB
9	COMP II Participants: Kenneth Assiran, Applicant; Andrew Badoud, Administrator; Chason Archuleta, Vice President
10	<i>Applicant/administrator participated in COMP II via telephone call with the analyst at CAB. During COMP II, applicant and administrator confirmed the understanding of Title 22. Component II was successfully completed.</i>
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17	<i>During COMP II, CAB analyst confirmed Applicant/ Administrator's understanding of following areas:</i>
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20	1. <i>Facility operation: License type, client/resident populations, and program</i>
21	2. <i>Staff qualifications and responsibilities</i>
22	3. <i>Applicant and Administrator qualifications</i>
23	4. <i>Program policy: Abuse, admission agreement, medication management, reporting incidents to CCL, restricted &amp; prohibited conditions</i>
24	5. <i>Grievances, Complaints, Community resources</i>
25	6. <i>Physical plant, food service</i>
	7. <i>Application document review and technical assistance: Criminal record clearance,</i>

*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.**