

<meta name="robots" content="noindex">

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 019201341  
Report Date: 04/09/2024  
Date Signed: 04/15/2024 12:24:44 PM

Document Has Been Signed on 04/15/2024 12:24 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRALIZED APP UNIT, 744 P STREET, MS 9-14-8201 SACRAMENTO, CA 95814	
FACILITY EVALUATION REPORT			
FACILITY NAME: ALONDRA CARE HOME		FACILITY NUMBER:	019201341
ADMINISTRATOR/KUPPUSAMY, NIRMALA		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	1643 101ST AVE	TELEPHONE:	(510) 509-4635
CITY:	OAKLAND	STATE: CA	ZIP CODE: 94603
CAPACITY: 6		CENSUS: 0	DATE: 04/09/2024
TYPE OF VISIT: Office		ANNOUNCED	TIME VISIT/INSPECTION
			BEGAN: 11:00 AM
MET WITH:	Aye, Thinn T & Kuppusamy, Nirmala		TIME VISIT/INSPECTION
			COMPLETED: 11:30 AM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: Initial
3	Capacity: 6
4	Census (if any clients in care): 0
5	COMP II Participants: Aye, Thinn T - Applicant & Kuppusamy, Nirmala - Administrator
6	Interview Method: Virtual interview (Skype, Go To Meeting, etc)
7	
8	
9	On 04/09/2024, applicant/administrator participated in COMP II. Identification of the
10	applicant and administrator was verified through interview questions based on photo
11	ID and other identifying personal information. During COMP II, applicant and
12	administrator confirmed that they have read and understand community care facility
13	licensing laws included in the Health and Safety Codes and the California Code of
14	Regulations Title 22. Signed LIC 809 with copy of photo ID have been obtained.
15	
16	
17	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
18	following areas:
19	
20	1. Facility operation: License type, client/resident populations, and program
21	2. Admission Policies
22	3. Staffing requirements & Training
23	4. Restrictive/Prohibited Health Conditions
24	5. General provisions
25	6. Emergency Preparedness

- 7. Complaints & Reporting
- 8. Pre-licensing readiness

**NAME OF LICENSING PROGRAM MANAGER:** Darla Neeley  
**NAME OF LICENSING PROGRAM ANALYST:** Ahmad Reshad  
**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 04/09/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 04/09/2024

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