

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 195850091
Report Date: 06/29/2021
Date Signed: 06/29/2021 03:31:24 PM

Document Has Been Signed on 06/29/2021 03:31 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 9-14-8201 SACRAMENTO, CA 95814
FACILITY EVALUATION REPORT	

FACILITY NAME: PRESERVE AT WOODLAND HILLS, THE	FACILITY NUMBER: 195850091
ADMINISTRATOR: BUCHANAN, AMY	FACILITY TYPE: 740
ADDRESS: 6221 FALLBROOK AVENUE	TELEPHONE: (818) 922-8980
CITY: WOODLAND HILLS	STATE: CA
CAPACITY: 60	ZIP CODE: 91367
TYPE OF VISIT: Office	CENSUS: 06/29/2021
MET WITH: Amy Buchanan-Administrator	ANNOUNCED
	DATE: 06/29/2021
	TIME BEGAN: 03:02 PM
	TIME COMPLETED: 03:17 PM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: Initial
3	Capacity: 60
4	COMP II Participant: Amy Buchanan, Administrator
5	Interview Method: Telephone interview
6	
7	
8	
9	On 6/29/21, administrator participated in COMP II. Identification of the administrator
10	was verified through interview questions based on photo ID and other identifying
11	personal information. During COMP II, administrator confirmed the understanding of
12	the California Code Title 22 Regulations. Signed LIC 809 with copy of photo ID have
13	been obtained.
14	
15	
16	During COMP II, CAB analyst confirmed Administrator's understanding of following
17	areas:
18	
19	1. Facility operation: License type, client/resident populations, and program
20	2. Admission Policies
21	3. Staffing requirements & Training
22	4. Restrictive/Prohibited Health Conditions
23	5. General provisions
24	6. Emergency Preparedness
25	7. Complaints & Reporting
	8. Pre-licensing readiness

NAME OF LICENSING PROGRAM MANAGER: Mirella Quaranta
NAME OF LICENSING PROGRAM ANALYST: Anna Barrios

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/29/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/29/2021

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