

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610169
Report Date: 07/28/2021
Date Signed: 07/28/2021 04:21:01 PM

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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: BEYOND A HOME , LLC	FACILITY NUMBER: 197610169
ADMINISTRATOR: RICHARDSON, KESHA	FACILITY TYPE: 740
ADDRESS: 6023 WEST AVE L 12	TELEPHONE: (661) 860-5048
CITY: LANCASTER	STATE: CA
CAPACITY: 6	ZIP CODE: 93536
TYPE OF VISIT: Office	CENSUS: DATE: 07/28/2021
MET WITH: Kesha Richardson-Managing Member/Administrator	ANNOUNCED TIME BEGAN: 04:00 PM
	TIME COMPLETED: 04:16 PM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: Initial
3	Capacity: 6
4	COMP II Participant: Kesha Richardson, Managing Member/Administrator
5	Interview Method: Telephone interview
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9	On 7/28/21, applicant/administrator participated in COMP II. Identification of the
10	applicant/administrator was verified through interview questions based on photo ID and
11	other identifying personal information. During COMP II, applicant/administrator
12	confirmed the understanding of the California Code Title 22 Regulations. Signed LIC
13	809 with copy of photo ID have been obtained.
14	
15	
16	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
17	following 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: 07/28/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/28/2021

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