

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 197610274  
**Report Date:** 07/01/2022  
**Date Signed:** 07/01/2022 11:44:24 AM

**Document Has Been Signed on 07/01/2022 11:44 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, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: FOREVER LOVE HOME CARE INC.	FACILITY NUMBER: 197610274
ADMINISTRATOR: BELMONTE, MARK	FACILITY TYPE: 740
ADDRESS: 44920 LOTUS LN.	TELEPHONE: (661) 206-7518
CITY: LANCASTER	STATE: CA
CAPACITY: 6	ZIP CODE: 93536
TYPE OF VISIT: Prelicensing	CENSUS: 0
MET WITH: Mark Belmonte	ANNOUNCED
	DATE: 07/01/2022
	TIME BEGAN: 10:30 AM
	TIME COMPLETED: 12:00 PM

NARRATIVE	
1	At 10:30 a.m., Licensing Program Analyst (LPA) Melissa Ruiz conducted an announced Pre-License
2	visit to the facility mentioned above and met with Administrator Mark Belmonte. An application to operate
3	a Residential Care Facility for the Elderly was received. A fire clearance dated 4/21/22 was received for
4	6 ambulatory residents, one (1) of which may be bedridden. The facility is a single-story building.
5	Today's site visit consisted of LPA touring the physical plant inside and outside and observed the
6	following: The facility has a total of five (5) bedrooms, all of which are designated for resident use.
7	Bedroom five (5) is designated for one (1) bedridden resident. All resident bedrooms were observed to
8	be appropriately furnished. There are three (3) bathrooms, two (2) of which are designated for resident
9	use and one (1) staff use. The common areas were appropriately furnished, and lighting was adequate.
10	The living rooms had televisions and comfortable furniture. Resident and staff records will be stored in a
11	locked cabinet in a staff office. Medications will be centrally stored and locked in the kitchen cabinet. The
12	fire extinguisher is in the kitchen and was last purchased 4/20/2022. There are dual smoke and carbon
13	monoxide detectors throughout the facility, and at 10:45 a.m. they were tested and were deemed
14	operational. There is a functioning telephone on the premises. An emergency exit plan/sketch is posted
15	along with other posting requirements. The first aid kit is readily available. Facility appears to be clean,
16	in good repair and kept at a comfortable temperature of 70°F. Appliances in the kitchen appeared to be
17	functional. There was a minimum of one week's worth of nonperishable food to accommodate a
18	maximum capacity of six (6) residents. There is a designated laundry room along the hall that leads to
19	the attached garage. There is a shaded sitting area in the fenced backyard for clients to conduct outdoor
20	activities. Component III was conducted during this visit. This report will be forwarded to the Centralized
21	Application Bureau (CAB) for approval. Exit interview was conducted with Administrator Mark Belmonte.
22	A copy of this report was signed and delivered.
23	
24	
25	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Nichelle Gillyard
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Melissa Ruiz

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 07/01/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 07/01/2022

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