

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610367

Report Date: 02/08/2023

Date Signed: 02/08/2023 02:20:30 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: MELROSE GARDENS	FACILITY NUMBER: 197610367
ADMINISTRATOR: VILLEGAS, MARCO	FACILITY TYPE: 740
ADDRESS: 1007-1013 N. MARTEL AVE	TELEPHONE: (323) 251-1426
CITY: LOS ANGELES	STATE: CA
CAPACITY: 31	ZIP CODE: 90046
TYPE OF VISIT: Office	CENSUS: 02/08/2023
MET WITH:	ANNOUNCED
	DATE: 02/08/2023
	TIME BEGAN: 02:00 PM
	TIME COMPLETED: 02:19 PM

NARRATIVE	
1	COMP II by CAB successfully completed
2	
3	
4	Facility Type: RCFE
5	Application Type: CHOW
6	Capacity: 31
7	
8	Census (if any clients in care): 9
9	Method: Telephone call with CAB
10	COMP II Participants: Marco Villegas, Administrator; Baruch Berkowitz, Owner;
11	Shannon Betker, analyst.
12	
13	
14	Applicant/administrator participated in COMP II at CAB via telephone call with
15	analyst at CAB. Identification of the applicant and administrator was verified by
16	confirming driver's license number. During COMP II, applicant and administrator
17	confirmed the understanding of Title 22. Component II was successfully completed.
18	Applicant and administrator were advised to email/fax signed LIC 809 with copy of
19	photo ID to CAB.
20	
21	
22	
23	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
24	following areas:
25	
	1. Facility operation: License type, client/resident populations, and program
	2. Staff qualifications and responsibilities
	3. Staff training
	4. Applicant and Administrator qualifications
	5. Grievances, Complaints, Community resources

- 6. Food service
- 7. Medication management
- 8. Application document review and technical assistance: Pre-licensing inspection

NAME OF LICENSING PROGRAM MANAGER: Jude De La Concepcion

NAME OF LICENSING PROGRAM ANALYST: Shannon Betker

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/08/2023

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/08/2023

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