

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 197610403

Report Date: 05/18/2023

Date Signed: 05/18/2023 11:18:18 AM

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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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	GARDEN OF PALMS LA	FACILITY NUMBER:	197610403
ADMINISTRATOR:	GINSBURG, MENACHEM	FACILITY TYPE:	740
ADDRESS:	1025 N FAIRFAX AVE	TELEPHONE:	(323) 656-7900
CITY:	LOS ANGELES	STATE:	CA
CAPACITY:	130	CENSUS:	90046
TYPE OF VISIT:	Office	ANNOUNCED	DATE: 05/18/2023
MET WITH:	ADAM ZENOU applicant/administrator	TIME BEGAN:	11:00 AM
		TIME COMPLETED:	11:30 AM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: CHOW
3	Capacity: 130
4	Census (if any clients in care): YES (76)
5	COMP II Participants: ADAM ZENOU applicant/administrator
6	Interview Method: Telephone interview
7	Virtual interview (Skype, Go To Meeting, etc)
8	In-person interview (Headquarter conference room)
9	On [05/18/2023], applicant/administrator participated in COMP II.
10	Identification of the applicant and administrator was verified through interview questions based on photo ID and other identifying personal information. During COMP II, applicant and administrator confirmed that they have read and understand community care facility licensing laws included in the Health and Safety Codes and the California Code of Regulations Title 22. Signed LIC 809 with copy of photo ID have been obtained.
11	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of following areas:
12	1. Facility operation: License type, client/resident populations, and program
13	2. Admission Policies
14	3. Staffing requirements & Training

- 4. Restrictive/Prohibited Health Conditions
- 5. General provisions
- 6. Emergency Preparedness
- 7. Complaints & Reporting
- 8. Pre-licensing readiness

**NAME OF LICENSING PROGRAM MANAGER:** Jude De La Concepcion

**NAME OF LICENSING PROGRAM ANALYST:** Maria Ejaz

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 05/18/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 05/18/2023

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