

Department of

# SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

Facility Number: 197610403

Report Date: 05/18/2023

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

**Document Has Been Signed on 05/18/2023 11:18 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, 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	ZIP CODE:	90046
CAPACITY: 130	CENSUS:	DATE:	05/18/2023
TYPE OF VISIT: Office	ANNOUNCED	TIME BEGAN:	11:00 AM
MET WITH: ADAM ZENOU applicant/administrator		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	
10	On [05/18/2023], applicant/administrator participated in COMP II.
11	Identification of the applicant and administrator was verified through
12	interview questions based on photo ID and other identifying personal
13	information. During COMP II, applicant and administrator confirmed that
14	they have read and understand community care facility licensing laws included
15	in the Health and Safety Codes and the California Code of Regulations Title
16	22. Signed LIC 809 with copy of photo ID have been obtained.
17	
18	During COMP II, CAB analyst confirmed Applicant/Administrator's
19	understanding of following areas:
20	1.Facility operation: License type, client/resident populations, and program
21	2.Admission Policies
22	3.Staffing requirements & Training
23	
24	
25	

- 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.**