

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610467
Report Date: 11/28/2023
Date Signed: 11/29/2023 02:22:19 PM

Document Has Been Signed on 11/29/2023 02:22 PM - **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
FACILITY EVALUATION REPORT	

FACILITY NAME: ELEGANT SENIOR LIVING ENCINO	FACILITY NUMBER: 197610467
ADMINISTRATOR: SAGAL, DANIEL	FACILITY TYPE: 740
ADDRESS: 16710 MAGNOLIA BLVD	TELEPHONE: (818) 213-7324
CITY: ENCINO	STATE: CA
CAPACITY: 6	ZIP CODE: 91436
TYPE OF VISIT: Office	CENSUS: ANNOUNCED
MET WITH: Daniel Sagal	DATE: 11/28/2023
	TIME BEGAN: 09:59 AM
	TIME COMPLETED: 10:18 AM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: Change of ownership
3	Capacity: 6
4	Census (if any clients in care): 5
5	COMP II Participants: Daniel Sagal
6	Interview Method: Telephone interview
7	On November 28, 2023, applicant/administrator participated in COMP II.
8	Identification of the applicant and administrator was verified through interview
9	questions based on photo ID and other identifying personal information. During
10	COMP II, applicant and administrator confirmed the understanding of the California
11	Code Title 22 Regulations. Signed LIC 809 with copy of photo ID have been
12	obtained.
13	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
14	following areas:
15	1. Facility operation: License type, client/resident populations, and program
16	2. Admission Policies
17	3. Staffing requirements & Training
18	4. Restricted/Prohibited Health Conditions
19	5. General provisions
20	6. Emergency Preparedness
21	7. Complaints & Reporting
22	8. Pre-licensing readiness
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Jude De La Concepcion
NAME OF LICENSING PROGRAM ANALYST: Bethany Hunter

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/28/2023

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/28/2023

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