

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198320127

Report Date: 12/01/2020

Date Signed: 12/01/2020 10:37:07 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 8-3-91 SACRAMENTO, CA 95814 |
| FACILITY EVALUATION REPORT | |

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|----------------|------------------------------------|------------------|----------------|
| FACILITY NAME: | WATERMARK AT WESTWOOD VILLAGE, THE | FACILITY NUMBER: | 198320127 |
| ADMINISTRATOR: | MURPHY, PATRICIA | FACILITY TYPE: | 740 |
| ADDRESS: | 947 TIVERTON AVENUE | TELEPHONE: | (310) 208-4590 |
| CITY: | LOS ANGELES | STATE: | CA |
| CAPACITY: | 237 | CENSUS: | 0 |
| TYPE OF VISIT: | Office | ANNOUNCED | |
| MET WITH: | Patricia Murphy | DATE: | 12/01/2020 |
| | | TIME BEGAN: | 09:30 AM |
| | | TIME | 09:56 AM |
| | | COMPLETED: | |

| NARRATIVE | |
|-----------|---|
| 1 | Facility Type: RCFE |
| 2 | Application Type: Initial |
| 3 | Applicant/administrator participated in COMP II via call with analyst at CAB. |
| 4 | Identification of the applicant and administrator was verified. During COMP II, |
| 5 | applicant and administrator confirmed the understanding of Title 22. Component II |
| 6 | was successfully completed. Applicant and administrator were advised to email/fax |
| 7 | signed LIC 809 with copy of photo ID to CAB. |
| 8 | During COMP II, CAB analyst confirmed Applicant/administrator's understanding of |
| 9 | following areas: |
| 10 | 1. Facility operation: License type, client/resident populations, and program |
| 11 | 2. Staff qualifications and responsibilities |
| 12 | 3. Applicant and Administrator qualifications |
| 13 | 4. Program policy: Abuse, admission agreement, medication management, reporting |
| 14 | incidents to CCL, restricted & prohibited conditions |
| 15 | 5. Grievances, Complaints, Community resources |
| 16 | 6. Physical plant, food service |
| 17 | 7. Application document review and technical assistance: Criminal record clearance, |
| 18 | Health screening, Fire clearance, First Aid/CPR certificate, Administrator certificate, |
| 19 | Financial verification, Pre-licensing inspection, Compliance history, Control of |
| 20 | property |
| 21 | |
| 22 | |
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NAME OF LICENSING PROGRAM MANAGER: Jude De La Concepcion

NAME OF LICENSING PROGRAM ANALYST: Bethany Hunter

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 12/01/2020

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 12/01/2020

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