

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198320269

Report Date: 03/08/2022

Date Signed: 03/08/2022 11:11:13 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
FACILITY EVALUATION REPORT	

FACILITY NAME: DIAMOND SENIOR LIVING INC.	FACILITY NUMBER: 198320269
ADMINISTRATOR: DELAROSA, RICHARD	FACILITY TYPE: 740
ADDRESS: 2311 ROSWELL AVENUE	TELEPHONE: (949) 490-0001
CITY: LONG BEACH	STATE: CA
CAPACITY: 6	ZIP CODE: 90815
TYPE OF VISIT: Office	CENSUS: DATE: 03/08/2022
MET WITH: Richard Delarosa	ANNOUNCED TIME BEGAN: 10:30 AM
	TIME COMPLETED: 11:00 AM

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

NAME OF LICENSING PROGRAM MANAGER: Julia Kim
NAME OF LICENSING PROGRAM ANALYST: Bailey Humes

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/08/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/08/2022

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