

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198320301

Report Date: 07/18/2022

Date Signed: 07/18/2022 04:29:45 PM

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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: BENTLEY MANOR		FACILITY NUMBER:	198320301
ADMINISTRATOR: ALCARAZ, MONA M		FACILITY TYPE:	740
ADDRESS: 3425 MCLAUGHLIN AVENUE		TELEPHONE:	(213) 478-0460
CITY: LOS ANGELES	STATE: CA	ZIP CODE:	90066
CAPACITY: 27	CENSUS: 23	DATE:	07/18/2022
TYPE OF VISIT: Office	ANNOUNCED	TIME BEGAN:	12:30 PM
MET WITH: Mona Alcaraz and Robin Aquino		TIME COMPLETED:	01:00 PM
NARRATIVE			
1	COMP II by CAB successfully completed		
2			
3			
4			
5	Facility Type: RCFE		
6	Application Type: Profit Corp		
7	Capacity: 27		
8	Census (if any clients in care): 23		
9	Method: Telephone at CAB		
10	COMP II Participants: Mona Alcaraz (Applicant) and Robin Aquino		
11	(Administrator)		
12			
13			
14			
15			
16	Applicant/Administrator participated in COMP II at CAB via telephone with		
17	analyst at CAB. Identification of the Applicant and Administrator was		
18	verified by providing California Driver License number. During COMP II,		
19	Applicant and Administrator confirmed the understanding of Title 22.		
20	Component II was successfully completed. Applicant and Administrator		
21	were advised to email/fax signed LIC 809 with copy of photo ID to CAB.		
22			
23			
24			
25	During COMP II, CAB analyst confirmed Applicant/Administrator's		
	understanding of following areas:		
	1. Facility operation: License type, client/resident populations, and program		

2. Staff qualifications and responsibilities
3. Applicant and Administrator qualifications
4. Program policy: Abuse, admission agreement, medication management, reporting incidents to CCL, restricted & prohibited conditions
5. Grievances, Complaints, Community resources
6. Physical plant, food service

Application document review and technical assistance: Criminal record clearance, Health screening, Fire clearance, First Aid/CPR certificate, Administrator certificate, Financial verification, Pre-licensing inspection, Compliance history, Control of property

In addition, Applicant/Administrator acknowledged the full understanding of the questions below:

1. Do you know what an excluded individual means? It means, you cannot have any excluded individual in or working for your facility.

Mona Alcaraz replied, "Yes, I understand".

2. Do you know that Bioseh is lifetime excluded? Meaning he/she cannot have any part of your facility operations nor can he/she be around or in the facility nor have any contact with facility clients.

Mona Alcaraz replied, "Yes, I understand".

3. Do you understand that if you have any excluded persons as part of your facility or present in your facility that you can be cited for noncompliance, fined and have your license revoked?

Mona Alcaraz replied, "Yes, I understand".

NAME OF LICENSING PROGRAM MANAGER: Julia Kim

NAME OF LICENSING PROGRAM ANALYST: Thai Doan

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/18/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/18/2022

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