

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198320315

Report Date: 10/06/2022

Date Signed: 10/06/2022 11:47:14 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: LAUREL AT LONG BEACH, THE	FACILITY NUMBER: 198320315
ADMINISTRATOR: MCDONALD, DON	FACILITY TYPE: 740
ADDRESS: 3747 ATLANTIC AVENUE	TELEPHONE: (562) 426-6123
CITY: LONG BEACH	STATE: CA ZIP CODE: 90807
CAPACITY: 65	CENSUS: ANNOUNCED DATE: 10/06/2022
TYPE OF VISIT: Office	TIME BEGAN: 11:31 AM
MET WITH: BANDEL, ADAM & MCDONALD, DON	TIME COMPLETED: 12:00 PM
Applicant/administrator	

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: CHOW
3	Capacity: 65
4	Census (if any clients in care): YES (48)
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8	Method: Telephone call with CAB
9	COMP II Participants: BANDEL, ADAM & MCDONALD, DON Applicant/administrator
10	<i>Applicant/administrator participated in COMP II via telephone call with the analyst at CAB. During COMP II, applicant and administrator confirmed the understanding of Title 22. Component II was successfully completed.</i>
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16	<i>During COMP II, CAB analyst confirmed Applicant/ Administrator's understanding of following areas:</i>
17	<i>1. Facility operation: License type, client /resident populations, and program</i>
18	<i>2. Staff qualifications and responsibilities</i>
19	<i>3. Applicant and Administrator qualifications</i>
20	<i>4. Program policy: Abuse, admission agreement, medication management, reporting incidents to CCL, restricted & prohibited conditions</i>
21	<i>5. Grievances, Complaints, Community resources</i>
22	<i>6. Physical plant, food service</i>
23	<i>7. Application document review and technical assistance: Criminal record clearance,</i>

Health screening, Fire clearance, First Aid/CPR certificate, Administrator certificate, Financial verification, Pre-licensing inspection, Compliance history, Control of property

8. Discussed the COVID-19 Mitigation Plan & PIN emailed

NAME OF LICENSING PROGRAM MANAGER: Jude De La Concepcion

NAME OF LICENSING PROGRAM ANALYST: Maria Ejaz

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/06/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/06/2022

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