

Department of

# SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 198320315

Report Date: 10/06/2022

Date Signed: 10/06/2022 11:47:14 AM

Document Has Been Signed on 10/06/2022 11:47 AM - 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
<b>FACILITY EVALUATION REPORT</b>	
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
CAPACITY: 65	ZIP CODE: 90807
TYPE OF VISIT: Office	CENSUS: 10/06/2022
MET WITH: BANDEL, ADAM & MCDONALD, DON	ANNOUNCED
Applicant/administrator	DATE: 10/06/2022
	TIME BEGAN: 11:31 AM
	TIME COMPLETED: 12:00 PM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: CHOW
3	Capacity: 65
4	Census (if any clients in care): YES (48)
5	
6	
7	
8	Method: Telephone call with CAB
9	COMP II Participants: BANDEL, ADAM & MCDONALD, DON Applicant/administrator
10	Applicant/administrator participated in COMP II via telephone call with the analyst at
11	CAB. During COMP II, applicant and administrator confirmed the understanding of
12	Title 22. Component II was successfully completed.
13	
14	
15	
16	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
17	following areas:
18	
19	1. Facility operation: License type, client/resident populations, and program
20	2. Staff qualifications and responsibilities
21	3. Applicant and Administrator qualifications
22	4. Program policy: Abuse, admission agreement, medication management, reporting
23	incidents to CCL, restricted & prohibited conditions
24	5. Grievances, Complaints, Community resources
25	6. Physical plant, food service
	7. 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*

*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.**