

Department of

# SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 198320375

Report Date: 09/28/2023

Date Signed: 11/15/2023 10:22:28 AM

Document Has Been Signed on 11/15/2023 10:22 AM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRALIZED APP UNIT, 744 P STREET, MS 9-14-8201 SACRAMENTO, CA 95814
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: CIELA	FACILITY NUMBER: 198320375
ADMINISTRATOR: TBH	FACILITY TYPE: 740
ADDRESS: 17310 WEST VEREDA DELA MONTURA	TELEPHONE: (917) 667-5303
CITY: PACIFIC PALISADES STATE: CA	ZIP CODE: 90272
CAPACITY: 100	CENSUS: DATE: 09/28/2023
TYPE OF VISIT: Office	ANNOUNCED TIME BEGAN: 12:30 PM
MET WITH: Kevan Sidney & Rony Shram	TIME COMPLETED: 03:00 PM

NARRATIVE	
1	COMP II by CAB successfully completed
2	
3	Facility Type: RCFE
4	
5	Capacity: 100
6	
7	Census (if any clients in care):
8	
9	
10	
11	<i>Applicant/administrator participated in COMP II at CAB telephone call with</i>
12	<i>analyst at CAB. Identification of the applicant and administrator was</i>
13	<i>verified by presenting photo ID via phone. During COMP II, applicant and</i>
14	<i>administrator confirmed the understanding of Title 22. Component II was</i>
15	<i>successfully completed. Applicant and administrator were advised to</i>
16	<i>email/fax signed LIC 809 with copy of photo ID to CAB.</i>
17	
18	
19	
20	<i>During COMP II, CAB analyst confirmed Applicant/Administrator's</i>
21	<i>understanding of following areas:</i>
22	
23	
24	<i>1. Facility operation: License type, client/resident populations, and program</i>
25	
	<i>2. Staff qualifications and responsibilities</i>
	<i>3. Applicant and Administrator qualifications</i>

- 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*
- 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*

**NAME OF LICENSING PROGRAM MANAGER:** Darla Neeley

**NAME OF LICENSING PROGRAM ANALYST:** Gina Baldwin

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 11/15/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 11/15/2023

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