

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198320454
Report Date: 09/09/2024
Date Signed: 09/09/2024 10:36:26 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: COGIR OF SOUTH BAY	FACILITY NUMBER: 198320454
ADMINISTRATOR/HILES, LINDA	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 21507 HAWTHORNE BLVD	TELEPHONE: (213) 808-4531
CITY: TORRANCE	STATE: CA
CAPACITY: 34	ZIP CODE: 90503
TYPE OF VISIT: Office	CENSUS: DATE: 09/09/2024
	ANNOUNCED
	TIME VISIT/INSPECTION: 10:00 AM
	BEGAN:
MET WITH: Linda Hiles & Phil Altman	TIME VISIT/INSPECTION: 10:30 AM
	COMPLETED:

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: Initial
3	
4	Capacity: 34
5	Census (if any clients in care):
6	COMP II Participants: Linda Hiles (A), Phil Altman (C)
7	Interview Method: Telephone interview
8	
9	
10	On September 9, 2024, applicant/administrator participated in COMP II. Identification of the
11	applicant and administrator was verified through interview questions based on photo ID and
12	other identifying personal information. During COMP II, applicant and administrator
13	confirmed that they have read and understand community care facility licensing laws
14	included in the Health and Safety Codes and the California Code of Regulations Title 22.
15	Signed LIC 809 with copy of photo ID have been obtained.
16	
17	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
18	following areas:
19	
20	1. Facility operation: License type, client/resident populations, and program
21	
22	2. Medication maintenance & training / Activities
23	
24	
25	3. Pre-screening residents/transportation

4. Pre Licensing Inspection readiness

NAME OF LICENSING PROGRAM MANAGER: Julia Kim
NAME OF LICENSING PROGRAM ANALYST: Dianne Ramos
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/09/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/09/2024

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