

FACILITY EVALUATION REPORT

Facility Number: 198320478
Report Date: 05/09/2024
Date Signed: 05/13/2024 11:17:37 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: AVOCET AT PLAYA VISTA		FACILITY NUMBER:	198320478
ADMINISTRATOR/MCGEVNA, KEITH M		FACILITY TYPE:	741
DIRECTOR:			
ADDRESS:	12490 FIELDING CIRCLE	TELEPHONE:	(424) 216-7788
CITY:	PLAYA VISTA	STATE: CA	ZIP CODE: 90094
CAPACITY: 286		CENSUS:	DATE: 05/09/2024
TYPE OF VISIT: Office		ANNOUNCED	TIME VISIT/INSPECTION
			BEGAN: 10:00 AM
MET WITH: KEITH MCGEVNA, KRISTEN WILKINSON		TIME VISIT/INSPECTION	10:34 AM
		COMPLETED:	

NARRATIVE	
1	Facility Type: RCFE-CCRC
2	Application Type: Change of Ownership
3	Capacity: 286
4	Census (if any clients in care): 215
5	COMP II Participants: KEITH MCGEVNA, KRISTEN WILKINSON
6	Interview Method: Telephone interview
7	
8	
9	On May 09, 2024, applicant/administrator participated in COMP II. Identification of
10	the applicant and administrator was verified through interview questions based on
11	photo ID and other identifying personal information. During COMP II, applicant and
12	administrator confirmed the understanding of the California Code Title 22
13	Regulations. Signed LIC 809 with copy of photo ID have been obtained.
14	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
15	following areas:
16	
17	1. Facility operation: License type, client/resident populations, and program
18	
19	2. Admission Policies
20	
21	3. Staffing requirements & Training
22	
23	4. Restricted/Prohibited Health Conditions
24	
25	5. General provisions
	6. Emergency Preparedness
	7. Complaints & Reporting
	8. Pre-licensing readiness

NAME OF LICENSING PROGRAM MANAGER: Jude De La Concepcion

NAME OF LICENSING PROGRAM ANALYST: Bethany Hunter

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/09/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/09/2024

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