

Community Care Licensing

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 DIRECTOR:		FACILITY TYPE:	741
ADDRESS:	12490 FIELDING CIRCLE	TELEPHONE:	(424) 216-7788
CITY:	PLAYA VISTA	STATE:	CA
CAPACITY:	286	CENSUS:	90094
TYPE OF VISIT:	Office	ANNOUNCED	05/09/2024
MET WITH:	KEITH MCGEVNA, KRISTEN WILKINSON	TIME VISIT/ INSPECTION BEGAN:	10:00 AM
		TIME VISIT/ INSPECTION COMPLETED:	10:34 AM

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	1. Facility operation: License type, client/resident populations, and program
17	2. Admission Policies
18	3. Staffing requirements & Training
19	4. Restricted/Prohibited Health Conditions
20	5. General provisions
21	6. Emergency Preparedness
22	7. Complaints & Reporting
23	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.