

FACILITY EVALUATION REPORT

Facility Number: 198320494  
Report Date: 01/23/2025  
Date Signed: 01/23/2025 10:29:58 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: HOUSE OF FAITH		FACILITY NUMBER:	198320494
ADMINISTRATOR/ZACHERY, TIFFANY		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	5025 11TH AVE	TELEPHONE:	(213) 946-2097
CITY:	LOS ANGELES	STATE: CA	ZIP CODE: 90043
CAPACITY: 4		CENSUS:	DATE: 01/23/2025
TYPE OF VISIT: Office		ANNOUNCED	TIME VISIT/INSPECTION
			BEGAN: 10:01 AM
MET WITH:	Tiffany Zachery, Managing Member/Administrator	TIME VISIT/INSPECTION	10:17 AM
		COMPLETED:	

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: Initial
3	Capacity: 4
4	COMP II Participant: Tiffany Zachery, Managing Member/Administrator
5	Interview Method: Telephone interview
6	
7	
8	On 1/23/25, applicant/administrator participated in COMP II. Identification of the
9	applicant/administrator was verified through interview questions based on photo ID
10	and other identifying personal information. During COMP II, applicant/administrator
11	confirmed that they have read and understand community care facility licensing laws
12	included in the Health and Safety Codes and the California Code of Regulations Title
13	22. Signed LIC 809 with copy of photo ID have been obtained.
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. Admission Policies
21	3. Staffing requirements & Training
22	4. Restrictive/Prohibited Health Conditions
23	5. General provisions
24	6. Emergency Preparedness
25	

- |   |
|---|
| 7. Complaints & Reporting<br>8. Pre-licensing readiness |
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**NAME OF LICENSING PROGRAM MANAGER:** Mirella Quaranta

**NAME OF LICENSING PROGRAM ANALYST:** Anna Barrios

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 01/23/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 01/23/2025

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