

Department of

# SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 198603416

Report Date: 03/11/2021

Date Signed: 03/11/2021 01:38:39 PM

Document Has Been Signed on 03/11/2021 01:38 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 744 P STREET, MS 8-3-91 SACRAMENTO, CA 95814
<b>FACILITY EVALUATION REPORT</b>	
FACILITY NAME: MORNINGSTAR OF PASDENA	FACILITY NUMBER: 198603416
ADMINISTRATOR: GUZMAN, RHONDA	FACILITY TYPE: 740
ADDRESS: 951 S. FAIR OAKS AVENUE	TELEPHONE: (407) 999-2400
CITY: PASADENA	STATE: CA
CAPACITY: 6	ZIP CODE: 91105
TYPE OF VISIT: Office	CENSUS: 03/11/2021
MET WITH: Taliaferro, Kevin & Guzman, Rhonda	ANNOUNCED TIME BEGAN: 01:00 PM
	TIME COMPLETED: 01:30 PM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: CHOW
3	Capacity: 310
4	Census (if any clients in care): 92
5	Method: Telephone call with CAB
6	
7	
8	
9	<i>Applicant / administrator participated in COMP II via telephone call with the analyst at</i>
10	<i>CAB. Identification of the applicant and administrator was verified by correctly</i>
11	<i>answering identity verification question. During COMP II, applicant and administrator</i>
12	<i>confirmed the understanding of Title 22. Component II was successfully completed.</i>
13	<i>Applicant has been advised to transmit signed LIC 809 with copy of photo ID to CAB.</i>
14	
15	
16	
17	<i>During COMP II, CAB analyst confirmed Applicant / Administrator's understanding of</i>
18	<i>following areas:</i>
19	
20	1. Facility operation: License type, client / resident populations, and program
21	
22	2. Staff qualifications and responsibilities
23	
24	3. Applicant and Administrator qualifications
25	
	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*

Julia Kim  
Nicole Rouse



**DATE:** 03/11/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 03/11/2021

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