

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603416

Report Date: 03/11/2021

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

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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 8-3-91 SACRAMENTO, CA 95814
FACILITY EVALUATION REPORT	

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 ZIP CODE: 91105
CAPACITY: 6	CENSUS: DATE: 03/11/2021
TYPE OF VISIT: Office	ANNOUNCED TIME BEGAN: 01:00 PM
MET WITH: Taliaferro, Kevin & Guzman, Rhonda	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	<i>Applicant/administrator participated in COMP II via telephone call with the analyst at CAB. Identification of the applicant and administrator was verified by correctly answering identity verification question. During COMP II, applicant and administrator confirmed the understanding of Title 22. Component II was successfully completed. Applicant has been advised to transmit signed LIC 809 with copy of photo ID to CAB.</i>
7	<i>During COMP II, CAB analyst confirmed Applicant/ Administrator's understanding of following areas:</i>
8	<i>1. Facility operation: License type, client/resident populations, and program</i>
9	<i>2. Staff qualifications and responsibilities</i>
10	<i>3. Applicant and Administrator qualifications</i>
11	<i>4. Program policy: Abuse, admission agreement, medication management, reporting incidents to CCL, restricted & prohibited conditions</i>
12	<i>5. Grievances, Complaints, Community resources</i>
13	<i>6. Physical plant, food service</i>
14	<i>7. Application document review and technical assistance: Criminal record clearance,</i>

*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.