

Department of

**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 198603444

**Report Date:** 09/09/2021

**Date Signed:** 09/09/2021 01:32:38 PM

**Document Has Been Signed on 09/09/2021 01:32 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 9-14-8201 SACRAMENTO, CA 95814	
<b>FACILITY EVALUATION REPORT</b>			
FACILITY NAME: WALNUT VALLEY SENIOR LIVING COMMUNITY		FACILITY NUMBER:	198603444
ADMINISTRATOR: MATSUMOTO, CHRISTINIA		FACILITY TYPE:	740
ADDRESS: 19850 E. COLIMA ROAD		TELEPHONE:	(909) 595-5030
CITY: WALNUT	STATE: CA	ZIP CODE:	91789
CAPACITY: 120	CENSUS: 60	DATE:	09/09/2021
TYPE OF VISIT: Office	ANNOUNCED	TIME BEGAN:	01:00 PM
MET WITH: Christina Matsumoto		TIME COMPLETED:	01:26 PM
<b>NARRATIVE</b>			
1	Facility Type: Residential Care Facility for the Elderly		
2	Application Type: Change of Ownership		
3	Capacity: 120 non-ambulatory, including 12 bedridden		
4	Census (if any clients in care): 60		
5	COMP II Participants: Christina Matsumoto		
6	Interview Method: Telephone interview		
7	On September 09, 2021, applicant/administrator participated in COMP II.		
8	Identification of the applicant and administrator was verified through interview		
9	questions based on photo ID and other identifying personal information. During		
10	COMP II, applicant and administrator confirmed the understanding of the California		
11	Code Title 22 Regulations. Signed LIC 809 with copy of photo ID have been		
12	obtained.		
13	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of		
14	following areas:		
15	1. Facility operation: License type, client/resident populations, and program		
16	2. Admission Policies		
17	3. Staffing requirements & Training		
18	4. Restrictive/Prohibited Health Conditions		
19	5. General provisions		
20	6. Emergency Preparedness		
21	7. Complaints & Reporting		
22	8. Pre-licensing readiness		
23			
24			
25			
Jude De La Concepcion Bethany Hunter			



**DATE:** 09/09/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 09/09/2021

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