

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603535

Report Date: 03/24/2022

Date Signed: 03/24/2022 11:05:31 AM

Document Has Been Signed on 03/24/2022 11:05 AM - 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	
FACILITY EVALUATION REPORT			
FACILITY NAME: SANTA ANITA ASSISTED LIVING		FACILITY NUMBER: 198603535	
ADMINISTRATOR: DEOSO, GEMMA		FACILITY TYPE: 740	
ADDRESS: 5600 GRACEWOOD AVENUE		TELEPHONE: (626) 442-8410	
CITY: TEMPLE CITY		STATE: CA ZIP CODE: 91780	
CAPACITY: 150		CENSUS: DATE: 03/24/2022	
TYPE OF VISIT: Office		ANNOUNCED TIME BEGAN: 10:00 AM	
MET WITH: Gemma DeOso		TIME COMPLETED: 11:00 AM	
NARRATIVE			
1	Facility Type: RCFE		
2	Application Type: CHOW		
3	Capacity: 150		
4	Census (if any clients in care): 55		
5	Method: Telephone call with Administrator		
6	COMP II Participants: Gemma De Oso		
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10	Applicant/administrator participated in COMP II via telephone call with the analyst at CAB.		
11	Identification of the applicant and administrator was verified by photo ID. During COMP II,		
12	applicant and administrator confirmed the understanding of Title 22. Component II was		
13	successfully completed. Administrator has been advised to transmit signed LIC 809 to CAB.		
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25			
Julia Kim			
Dianne Ramos			



DATE: 03/24/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/24/2022

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