

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603535

Report Date: 03/24/2022

Date Signed: 03/24/2022 11:05:31 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: 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: ANNOUNCED
TYPE OF VISIT: Office	DATE: 03/24/2022
MET WITH: Gemma DeOso	TIME BEGAN: 10:00 AM
	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	<i>Applicant/administrator participated in COMP II via telephone call with the analyst at CAB. Identification of the applicant and administrator was verified by photo ID. During COMP II, applicant and administrator confirmed the understanding of Title 22. Component II was successfully completed. Administrator has been advised to transmit signed LIC 809 to CAB.</i>
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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.