

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 198603545

Report Date: 07/11/2022

Date Signed: 07/11/2022 10:32:17 AM

Document Has Been Signed on 07/11/2022 10:32 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: OAKMONT OF COVINA HILLS	FACILITY NUMBER: 198603545
ADMINISTRATOR: CRUZ, MARILEE	FACILITY TYPE: 740
ADDRESS: 1054 PARK VIEW DRIVE	TELEPHONE: (626) 885-1800
CITY: COVINA	STATE: CA ZIP CODE: 91724
CAPACITY: 142	CENSUS: ANNOUNCED DATE: 07/11/2022
TYPE OF VISIT: Office	TIME BEGAN: 10:00 AM
MET WITH: Sue McPherson and Patricia Gustin	TIME COMPLETED: 10:30 AM

NARRATIVE	
1	COMP II by CAB successfully completed
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3	
4	
5	Facility Type: RCFE
6	Application Type: LLC
7	Capacity: 142
8	Census (if any clients in care): NO
9	Method: Telephone at CAB
10	COMP II Participants: Sue McPherson (Applicant's Representative) and
11	Patricia Gustin (Administrator)
12	
13	
14	
15	Applicant/Administrator participated in COMP II at CAB via telephone with
16	analyst at CAB. Identification of the Applicant and Administrator was
17	verified by providing California Driver License number. During COMP II,
18	Applicant and Administrator confirmed the understanding of Title 22.
19	Component II was successfully completed. Applicant and Administrator
20	were advised to email/fax signed LIC 809 with copy of photo ID to CAB.
21	
22	
23	
24	
25	During COMP II, CAB analyst confirmed Applicant/Administrator's
	understanding of following areas:
	1. Facility operation: License type, client/resident populations, and program

2. Staff qualifications and responsibilities
3. Applicant and Administrator qualifications
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

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  
Thai Doan



**DATE:** 07/11/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 07/11/2022

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