

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603550

Report Date: 04/22/2022

Date Signed: 04/22/2022 03:36:01 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 9-14-8201 SACRAMENTO, CA 95814
FACILITY EVALUATION REPORT	

FACILITY NAME: WEST PARK SENIOR LIVING	FACILITY NUMBER: 198603550
ADMINISTRATOR:LRBY, LORI	FACILITY TYPE: 740
ADDRESS: 801 CYPRESS WAY	TELEPHONE: (619) 296-9000
CITY: SAN DIMAS	STATE: CA ZIP CODE: 91773
CAPACITY: 200	CENSUS: 119 DATE: 04/22/2022
TYPE OF VISIT: Office	ANNOUNCED TIME BEGAN: 11:00 AM
MET WITH: Lori Irby	TIME COMPLETED: 11:30 AM

NARRATIVE	
1	COMP II by CAB successfully completed
2	
3	
4	
5	Facility Type: RCFE
6	Application Type: LLC
7	Capacity: 200
8	Census (if any clients in care): 119
9	Method: Telephone at CAB
10	COMP II Participants: Lori Irby (Administrator)
11	
12	
13	
14	Applicant/Administrator participated in COMP II at CAB via telephone with
15	analyst at CAB. Identification of the Applicant and Administrator was
16	verified by providing California Driver License number. During COMP II,
17	Applicant and Administrator confirmed the understanding of Title 22.
18	Component II was successfully completed. Applicant and Administrator
19	were advised to email/fax signed LIC 809 with copy of photo ID to CAB.
20	
21	
22	
23	During COMP II, CAB analyst confirmed Applicant/Administrator's
24	understanding of following areas:
25	
	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: 04/22/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/22/2022

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