

Department of

SOCIAL SERVICES

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			
24	During COMP II, CAB analyst confirmed Applicant/Administrator's		
25	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: 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.