

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603566

Report Date: 07/27/2022

Date Signed: 07/27/2022 09:36:14 AM

Document Has Been Signed on 07/27/2022 09:36 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:	ASTORIA PARK SENIOR LIVING	FACILITY NUMBER:	198603566
ADMINISTRATOR:	GOODLEFT, BRIANNA	FACILITY TYPE:	740
ADDRESS:	925 EAST VILLA STREET	TELEPHONE:	(626) 796-4303
CITY:	PASADENA	STATE:	CA
CAPACITY:	220	CENSUS:	91106
TYPE OF VISIT:	Office	ANNOUNCED	DATE: 07/27/2022
MET WITH:	Aron, Aslomo & Goodlet, Brianna	TIME BEGAN:	09:00 AM
		TIME COMPLETED:	09:20 AM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: CHOW
3	Capacity: 220
4	Census (if any clients in care): 75
5	Method: Telephone call with CAB
6	<i>Applicant/administrator participated in COMP II via telephone call with the analyst at CAB. Identification of the applicant and administrator was verified by correctly answering identity verification questions. During COMP II, applicant and administrator confirmed the understanding of Title 22. Component II was successfully completed. Applicants have been advised to transmit signed LIC 809 with copy of photo ID to CAB.</i>
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	<i>During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of following areas:</i>
20	
21	
22	1. Facility operation: License type, client/resident populations, and program
23	2. Staff qualifications and responsibilities
24	3. Applicant and Administrator qualifications
25	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

7. 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
Nicole Rouse



DATE: 07/27/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/27/2022

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