

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603566

Report Date: 07/27/2022

Date Signed: 07/27/2022 09:36:14 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: 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	ZIP CODE: 91106
CAPACITY:	220	CENSUS:	DATE: 07/27/2022
TYPE OF VISIT:	Office	ANNOUNCED	TIME BEGAN: 09:00 AM
MET WITH:	Aron, Aslomo & Goodlet, Brianna	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	
7	
8	
9	<i>Applicant / administrator participated in COMP II via telephone call with the analyst at</i>
10	<i>CAB. Identification of the applicant and administrator was verified by correctly</i>
11	<i>answering identity verification questions. During COMP II, applicant and</i>
12	<i>administrator confirmed the understanding of Title 22. Component II was successfully</i>
13	<i>completed. Applicants have been advised to transmit signed LIC 809 with copy of photo</i>
14	<i>ID to CAB.</i>
15	
16	
17	
18	
19	<i>During COMP II, CAB analyst confirmed Applicant / Administrator's understanding of</i>
20	<i>following areas:</i>
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.