

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603701

Report Date: 01/29/2024

Date Signed: 01/29/2024 02:32:29 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: DIAMOND BAR RCFE	FACILITY NUMBER: 198603701
ADMINISTRATOR: DEE, LESLIE IAN	FACILITY TYPE: 740
ADDRESS: 1652 MAPLE HILL ROAD	TELEPHONE: (909) 861-7430
CITY: DIAMOND BAR	STATE: CA
CAPACITY: 6	ZIP CODE: 91765
TYPE OF VISIT: Office	CENSUS: 6
MET WITH: Leslie Dee, Administrator	ANNOUNCED
Andrew Mente, Applicant	DATE: 01/29/2024
	TIME BEGAN: 01:00 PM
	TIME COMPLETED: 02:25 PM

NARRATIVE	
1	Component II completion: Successful
2	
3	
4	Facility Type: Residential Care Facility for Elderly (RCFE)
5	Application Type: Change in Ownership
6	Capacity: 6
7	Census (if any clients in care): 6
8	COMP II Participants: Leslie Dee, Administrator
9	Andrew Mente, Applicant
10	Interview Method: Telephone interview
11	
12	
13	On January 29, 2024 at 1:00 PM , Applicant and Administrator participated in COMP
14	II. Identification of the Applicant and Administrator was verified through interview
15	questions based on photo ID and other identifying personal information. During
16	COMP II, Applicant and Administrator confirmed that they have read and understand
17	community care facility licensing laws included in the Health and Safety Codes and
18	the California Code of Regulations Title 22.
19	
20	
21	
22	During COMP II, CAB analyst confirmed Applicant and Administrator's
23	understanding of following areas:
24	
25	1. Facility Operation: License type, client/resident populations, and program
	2. Admission Policies
	3. Staffing Requirements & Training
	4. Restrictive/Prohibited Health Conditions
	5. General Provisions

- 6. Emergency Preparedness
- 7. Complaints & Reporting
- 8. Pre-licensing Readiness

Exit interview conducted with Applicant and Administrator. Copy of report sent via email and informed to return sign copy by end of business day to CAB.

Darla Neeley
Celia Phomphachanh



DATE: 01/29/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/29/2024

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