

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 216804066
Report Date: 08/12/2022
Date Signed: 08/12/2022 09:33:44 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: ELEGANCE HAMILTON HILL	FACILITY NUMBER: 216804066
ADMINISTRATOR: EDWARDS, SUSAN	FACILITY TYPE: 740
ADDRESS: 1 HAMILTON HILL DRIVE	TELEPHONE: (415) 569-7224
CITY: NOVATO	STATE: CA
CAPACITY: 95	ZIP CODE: 94949
TYPE OF VISIT: Office	CENSUS: 08/12/2022
MET WITH: Susan Edwards, Ken Assiran	ANNOUNCED
	DATE: 08/12/2022
	TIME BEGAN: 09:00 AM
	TIME COMPLETED: 09:32 AM

NARRATIVE

1 Component II completion: Successful
2
3 Facility Type: RCFE
4 Application Type: CHOW
5 Capacity: 95
6 Census (if any clients in care): 38
7 COMP II Participants: Susan Edwards (administrator); Ken Assiran (applicant rep.)
8 Interview Method: Telephone interview
9
10
11 On 08/12/2022, applicant/administrator participated in COMP II. Identification of the applicant and
12 administrator was verified through interview questions based on photo ID and other identifying personal
13 information. During COMP II, applicant and administrator confirmed the understanding of the California
14 Code Title 22 Regulations. Signed LIC 809 with copy of photo ID have been obtained.
15
16 During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of following areas:
17 1. Facility operation: License type, client/resident populations, and program
18 2. Admission Policies
19 3. Staffing requirements & Training
20 4. Restrictive/Prohibited Health Conditions
21 5. General provisions
22 6. Emergency Preparedness
23 7. Complaints & Reporting
24 8. Pre-licensing readiness
25

NAME OF LICENSING PROGRAM MANAGER: Mirella Quaranta
NAME OF LICENSING PROGRAM ANALYST: Susan Nguyen

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/12/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/12/2022

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