

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306006122
Report Date: 03/29/2022
Date Signed: 03/29/2022 12:25:36 PM

Document Has Been Signed on 03/29/2022 12:25 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
FACILITY EVALUATION REPORT	

FACILITY NAME: EUROPEAN CHRISTIAN HOME IV	FACILITY NUMBER: 306006122
ADMINISTRATOR: TRICE, THOMAS	FACILITY TYPE: 740
ADDRESS: 980 FLAMINGO WAY	TELEPHONE: (562) 397-2591
CITY: LA HABRA	STATE: CA
CAPACITY: 6	ZIP CODE: 90631
TYPE OF VISIT: Prelicensing	CENSUS: 5
MET WITH: Thomas Trice	DATE: 03/29/2022
	UNANNOUNCED TIME BEGAN: 10:22 AM
	TIME COMPLETED: 12:40 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Sean Haddad conducted this announced inspection for the purpose of
2	conducting a pre-licensing inspection. LPA met with Administrator (AD) Thomas Trice, discussed the
3	purpose of the inspection, and toured the facility. Facility is to operate a Residential Care Facility for the
4	Elderly. Application was submitted to Community Care Licensing on 12/08/2021. This is a change of
5	ownership with persons in care.
6	
7	During the inspection, LPA and AD observed the following: Structure. This is a one-story home. Facility
8	is a 6-bedroom, 2-bathroom, 1 story house with detached garage that is being used for storage. There is
9	a back yard with a patio cover for the residents. Facility telephone number is (562) 397-2591. Resident
10	Bedrooms. The 6 resident bedrooms are spacious and will easily accommodate the residents'
11	furnishings. Lamps, chairs, linens, and storage for each resident bedroom inspected. Staff Bedrooms.
12	There are no staff bedrooms. Bathrooms. Bathrooms were clean, faucets and toilets were operational.
13	Water temperature: tested between 107.9 to 114 F degrees. Linens & Hygiene Supplies. New linens and
14	fully stocked linen closets were observed. Emergency Phone Numbers, Exit Plan & Menu: Reviewed.
15	Food Service. 2 days perishable and 7 days nonperishable food supply reviewed. Carbon Monoxide,
16	Smoke Detectors, Fire Extinguisher were observed and tested, including the smoke detector/carbon
17	monoxide detector. Appliances. Stove burners, microwave, washer, and dryer inspected. Knives:
18	observed locked in the kitchen cabinet. Toxins: observed locked in closets. Medication cabinet is locked.
19	First-Aid Kit & Activity Supplies: observed and available. Resident & Staff Files. LPA reviewed samples
20	of resident and staff files. Fire clearance was approved by Orange County Fire Authority Inspector
21	Jonathan McKinley on 02/16/2022. Backyard. Backyard exit gate is operational and unlocked. Backyard
22	has shaded area for outdoor activities and sufficient seating for residents. Component III was completed
23	with AD during today's inspection. Facility is currently operating under the liability insurance of current
24	facility GOLDEN EDEN (198603043). AD will switch liability insurance to new facility once the
25	application is approved.

NAME OF LICENSING PROGRAM MANAGER: Marina Stanic NAME OF LICENSING PROGRAM ANALYST: Sean Haddad
--

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/29/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/29/2022

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 770 THE CITY DR., SUITE 7100
ORANGE, CA 92868

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: EUROPEAN CHRISTIAN HOME IV

FACILITY NUMBER: 306006122

VISIT DATE: 03/29/2022

NARRATIVE

1	During the inspection, LPA explained the process of this application and about the post licensing inspection once the facility is licensed. AD was informed today that the facility is ready for licensure and final approval will be processed by the CAU supervisor in Sacramento. An exit interview was conducted and a copy of this report was discussed with and provided to AD.
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	

NAME OF LICENSING PROGRAM MANAGER: Marina Stanic

NAME OF LICENSING PROGRAM ANALYST: Sean Haddad

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/29/2022

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/29/2022