

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306006195
Report Date: 02/09/2023
Date Signed: 02/09/2023 09:30:09 AM

Document Has Been Signed on 02/09/2023 09:30 AM - It Cannot Be Edited

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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 | |

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|------------------------------------|----------------------------|
| FACILITY NAME: WESTMINSTER TERRACE | FACILITY NUMBER: 306006195 |
| ADMINISTRATOR: JOHNSON, SUZETTE | FACILITY TYPE: 740 |
| ADDRESS: 7571 WESTMINSTER BLVD | TELEPHONE: (714) 891-6608 |
| CITY: WESTMINSTER | STATE: CA |
| CAPACITY: 152 | ZIP CODE: 92683 |
| TYPE OF VISIT: Office | CENSUS: ANNOUNCED |
| MET WITH: Erin Mahoney | DATE: 02/09/2023 |
| | TIME BEGAN: 09:00 AM |
| | TIME COMPLETED: 09:12 AM |

NARRATIVE

1 Facility Type: Residential Care Facility for the Elderly
2 Application Type:
3 Capacity: 152
4 Census (if any clients in care): 50
5 COMP II Participants: Erin Mahoney
6 Interview Method: Telephone interview
7 On February 09, 2023, applicant/administrator participated in COMP II. Identification
8 of the applicant and administrator was verified through interview questions based on
9 photo ID and other identifying personal information. During COMP II, applicant and
10 administrator confirmed the understanding of the California Code Title 22
11 Regulations. Signed LIC 809 with copy of photo ID have been obtained.
12 During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
13 following areas:
14 1. Facility operation: License type, client/resident populations, and program
15 2. Admission Policies
16 3. Staffing requirements & Training
17 4. Restricted/Prohibited Health Conditions
18 5. General provisions
19 6. Emergency Preparedness
20 7. Complaints & Reporting
21 8. Pre-licensing readiness
22
23
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25

NAME OF LICENSING PROGRAM MANAGER: Jude De La Concepcion
NAME OF LICENSING PROGRAM ANALYST: Bethany Hunter

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/09/2023

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/09/2023

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