

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306006198
Report Date: 09/01/2022
Date Signed: 09/01/2022 09:02:31 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: CRESTAVILLA	FACILITY NUMBER: 306006198
ADMINISTRATOR: WILLIAMS, CYNTHIA	FACILITY TYPE: 740
ADDRESS: 30111 NIGUEL RD	TELEPHONE: (760) 804-5900
CITY: LAGUNA NIGUEL	STATE: CA
CAPACITY: 250	ZIP CODE: 92677
TYPE OF VISIT: Office	CENSUS: ANNOUNCED
MET WITH: Cynthia Williams	DATE: 09/01/2022
	TIME BEGAN: 08:30 AM
	TIME COMPLETED: 09:01 AM

NARRATIVE

1 Component II completion: Successful

2

3 Facility Type: RCFE

4 Application Type: CHOW

5 Capacity: 250

6 Census (if any clients in care): 175

7 COMP II Participants: Cynthia Williams (applicant/licensee rep./administrator)

8 Interview Method: Telephone interview

9

10 On 09/01/2022, applicant/administrator participated in COMP II. Identification of the applicant and

11 administrator was verified through interview questions based on photo ID and other identifying personal

12 information. During COMP II, applicant and administrator confirmed the understanding of the California

13 Code Title 22 Regulations. Signed LIC 809 with copy of photo ID have been obtained.

14

15 During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of following areas:

16 1. Facility operation: License type, client/resident populations, and program

17 2. Admission Policies

18 3. Staffing requirements & Training

19 4. Restrictive/Prohibited Health Conditions

20 5. General provisions

21 6. Emergency Preparedness

22 7. Complaints & Reporting

23 8. Pre-licensing readiness

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25

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

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/01/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/01/2022

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