

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306006242

Report Date: 01/13/2023

Date Signed: 01/13/2023 10:18:57 AM

Document Has Been Signed on 01/13/2023 10:18 AM - It Cannot Be Edited

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: CAPRIANA		FACILITY NUMBER:	306006242
ADMINISTRATOR: REYNOLDS, TONYA		FACILITY TYPE:	741
ADDRESS: 460 LA FLORESTA DRIVE		TELEPHONE:	(714) 985-5500
CITY: BREA	STATE: CA	ZIP CODE:	92821
CAPACITY: 200	CENSUS:	DATE:	01/13/2023
TYPE OF VISIT: Office	ANNOUNCED	TIME BEGAN:	10:00 AM
MET WITH: Tonya Reynolds		TIME COMPLETED:	10:18 AM
NARRATIVE			
1	Facility Type: Residential Care Facility for the Elderly - Continuing Care Retirement		
2	Community		
3	Application Type: Change of Ownership		
4	Capacity: 200		
5	Census (if any clients in care): 150		
6	COMP II Participants: Tonya Reynolds		
7	Interview Method: Telephone interview		
8	On January 13, 2023, applicant/administrator participated in COMP II. Identification		
9	of the applicant and administrator was verified through interview questions based on		
10	photo ID and other identifying personal information. During COMP II, applicant and		
11	administrator confirmed the understanding of the California Code Title 22		
12	Regulations. Signed LIC 809 with copy of photo ID have been obtained.		
13	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of		
14	following areas:		
15	1. Facility operation: License type, client/resident populations, and program		
16	2. Admission Policies		
17	3. Staffing requirements & Training		
18	4. Restricted/Prohibited Health Conditions		
19	5. General provisions		
20	6. Emergency Preparedness		
21	7. Complaints & Reporting		
22	8. Pre-licensing readiness		
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Jude De La Concepcion			
NAME OF LICENSING PROGRAM ANALYST: Bethany Hunter			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/13/2023

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/13/2023

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