

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306006242

Report Date: 01/13/2023

Date Signed: 01/13/2023 10:18:57 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:	CAPRIANA	FACILITY NUMBER:	306006242
ADMINISTRATOR:	REYNOLDS, TONYA	FACILITY TYPE:	741
ADDRESS:	460 LA FLORESTA DRIVE	TELEPHONE:	(714) 985-5500
CITY:	BREA	STATE:	CA
CAPACITY:	200	CENSUS:	92821
TYPE OF VISIT:	Office	ANNOUNCED	DATE: 01/13/2023
MET WITH:	Tonya Reynolds	TIME BEGAN:	10:00 AM
		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 of the applicant and administrator was verified through interview questions based on photo ID and other identifying personal information. During COMP II, applicant and administrator confirmed the understanding of the California Code Title 22 Regulations. Signed LIC 809 with copy of photo ID have been obtained.
9	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of following areas:
10	1. Facility operation: License type, client/resident populations, and program
11	2. Admission Policies
12	3. Staffing requirements & Training
13	4. Restricted/Prohibited Health Conditions
14	5. General provisions
15	6. Emergency Preparedness
16	7. Complaints & Reporting
17	8. Pre-licensing readiness

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.