

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306006300

Report Date: 03/22/2023

Date Signed: 03/22/2023 09:00:39 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: SUNRISE OF ORANGE	FACILITY NUMBER: 306006300
ADMINISTRATOR: JACOBS, KELLY	FACILITY TYPE: 740
ADDRESS: 1301 E LINCOLN AVENUE	TELEPHONE: (710) 450-4645
CITY: ORANGE	STATE: CA
CAPACITY: 139	ZIP CODE: 92865
TYPE OF VISIT: Office	CENSUS: 03/22/2023
MET WITH: Tina Tayebah Bagheri	ANNOUNCED
	DATE: 03/22/2023
	TIME BEGAN: 08:30 AM
	TIME COMPLETED: 08:57 AM

NARRATIVE

1 Facility Type: Residential Care Facility for the Elderly
2 Application Type: Initial
3 Capacity: 139
4 Census (if any clients in care): 0
5 COMP II Participants: Tina Tayebah Bagheri
6 Interview Method: Telephone interview
7 On March 22, 2023, applicant/administrator participated in COMP II. Identification of
8 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
24
25

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

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/22/2023

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/22/2023

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