

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306006344

Report Date: 05/31/2023

Date Signed: 05/31/2023 09:33:37 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: COGIR OF BREA		FACILITY NUMBER:	306006344
ADMINISTRATOR: FAYE, SAMUEL		FACILITY TYPE:	740
ADDRESS: 700 MADISON WAY		TELEPHONE:	(714) 681-0105
CITY: BREA	STATE: CA	ZIP CODE:	92821
CAPACITY: 110	CENSUS:	DATE:	05/31/2023
TYPE OF VISIT: Office	ANNOUNCED	TIME BEGAN:	09:00 AM
MET WITH: Samuel Faye, Benoit Levesque		TIME COMPLETED:	09:31 AM
NARRATIVE			
1	Facility Type: Residential Care Facility for the Elderly		
2	Application Type: Initial		
3	Capacity: 110		
4	Census (if any clients in care): 0		
5	COMP II Participants: Samuel Faye, Benoit Levesque		
6	Interview Method: Telephone interview		
7	On May 31, 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: 05/31/2023

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/31/2023

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