

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
CAPACITY:	110	CENSUS:	92821
TYPE OF VISIT:	Office	ANNOUNCED	DATE: 05/31/2023
MET WITH:	Samuel Faye, Benoit Levesque	TIME BEGAN:	09:00 AM
		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 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
8	Regulations. Signed LIC 809 with copy of photo ID have been obtained.
9	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
10	following areas:
11	1. Facility operation: License type, client/resident populations, and program
12	2. Admission Policies
13	3. Staffing requirements & Training
14	4. Restricted/Prohibited Health Conditions
15	5. General provisions
16	6. Emergency Preparedness
17	7. Complaints & Reporting
18	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:** 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.