

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 315003016

Report Date: 08/17/2023

Date Signed: 08/17/2023 02:46:25 PM

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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: SENIOR CARE VILLA OF LOOMIS		FACILITY NUMBER:	315003016
ADMINISTRATOR: DUNHAM, JOSEPH		FACILITY TYPE:	740
ADDRESS:	3400 CHISOM TRAIL	TELEPHONE:	(916) 652-8000
CITY:	LOOMIS	STATE: CA	ZIP CODE: 95650
CAPACITY:	27	CENSUS:	DATE: 08/17/2023
TYPE OF VISIT:	Office	ANNOUNCED	TIME BEGAN: 02:20 PM
MET WITH:	Joe Dunham and Aaron Whitfield	TIME COMPLETED:	02:40 PM
NARRATIVE			
1	Facility Type: RCFE		
2	Application Type: CHOW		
3	Capacity: Census (if any clients in care): 26		
4	COMP II Participants: Joe Dunham & Aaron Whitfield		
5	Interview Method: Telephone interview		
6			
7	On August 17, 2023, applicant/administrator participated in COMP II.		
8	Identification of the applicant and administrator was verified through interview		
9	questions based on photo ID and other identifying personal information. During		
10	COMP II, applicant and administrator confirmed that they have read and		
11	understand community care facility licensing laws included in the Health and		
12	Safety Codes and the California Code of Regulations Title 22. Signed LIC 809 with		
13	copy of photo ID have been obtained.		
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NAME OF LICENSING PROGRAM MANAGER: Julia Kim			
NAME OF LICENSING PROGRAM ANALYST: Dianne Ramos			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/17/2023

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/17/2023

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