

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 315003016

Report Date: 08/17/2023

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

Document Has Been Signed on 08/17/2023 02:46 PM - It Cannot Be Edited

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
<b>FACILITY EVALUATION REPORT</b>	

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: ANNOUNCED
TYPE OF VISIT: Office	DATE: 08/17/2023
MET WITH: Joe Dunham and Aaron Whitfield	TIME BEGAN: 02:20 PM
	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
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10	On August 17, 2023, applicant/administrator participated in COMP II.
11	Identification of the applicant and administrator was verified through interview
12	questions based on photo ID and other identifying personal information. During
13	COMP II, applicant and administrator confirmed that they have read and
14	understand community care facility licensing laws included in the Health and
15	Safety Codes and the California Code of Regulations Title 22. Signed LIC 809 with
16	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.**