

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 331881095
Report Date: 04/01/2021
Date Signed: 04/01/2021 01:33:20 PM

Document Has Been Signed on 04/01/2021 01:33 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 8-3-91 SACRAMENTO, CA 95814
FACILITY EVALUATION REPORT	

FACILITY NAME: LINDEN AT MURRIETA, THE	FACILITY NUMBER: 331881095
ADMINISTRATOR: SWEARINGEN, MICHELLE	FACILITY TYPE: 740
ADDRESS: 27100 CLINTON KEITH ROAD	TELEPHONE: (951) 477-5678
CITY: MURRIETA	STATE: CA
CAPACITY: 137	ZIP CODE: 92562
TYPE OF VISIT: Office	CENSUS: 04/01/2021
MET WITH: Michelle Swearingen and Meghna Davidso	ANNOUNCED
	DATE: 04/01/2021
	TIME BEGAN: 10:00 AM
	TIME COMPLETED: 10:30 AM

NARRATIVE	
1	COMP II by CAB successfully completed
2	
3	
4	
5	Facility Type: RCFE
6	Application Type: LLC
7	Capacity: 137
8	Census (if any clients in care): NO
9	Method: Telephone at CAB
10	COMP II Participants: Michelle Swearingen (Administrator) and Meghna
11	Davidson (Applicant)
12	
13	Applicant/Administrator participated in COMP II at CAB via telephone with
14	analyst at CAB. Identification of the Applicant and Administrator was
15	verified by providing California Driver License number. During COMP II,
16	Applicant and Administrator confirmed the understanding of Title 22.
17	Component II was successfully completed. Applicant and Administrator
18	were advised to email/fax signed LIC 809 with copy of photo ID to CAB.
19	
20	
21	
22	
23	
24	
25	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of following areas:
	1. Facility operation: License type, client/resident populations, and program

2. Staff qualifications and responsibilities
 3. Applicant and Administrator qualifications
 4. Program policy: Abuse, admission agreement, medication management, reporting incidents to CCL, restricted & prohibited conditions
 5. Grievances, Complaints, Community resources
 6. Physical plant, food service
- Application document review and technical assistance: Criminal record clearance,
Health screening, Fire clearance, First Aid/CPR certificate, Administrator certificate, Financial verification, Pre-licensing inspection, Compliance history,
Control of property

NAME OF LICENSING PROGRAM MANAGER: Julia Kim

NAME OF LICENSING PROGRAM ANALYST: Thai Doan

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/01/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/01/2021

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