

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 331881258

Report Date: 01/05/2022

Date Signed: 01/05/2022 11:28:24 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: VINEYARD RANCH AT TEMECULA	FACILITY NUMBER: 331881258
ADMINISTRATOR: KHAUER, KURT	FACILITY TYPE: 740
ADDRESS: 27350 NICOLAS ROAD	TELEPHONE: (951) 308-1988
CITY: TEMECULA	STATE: CA
CAPACITY: 98	ZIP CODE: 92591
TYPE OF VISIT: Office	CENSUS: 01/05/2022
MET WITH: KURT KNAUER	ANNOUNCED
RICK JENSEN	DATE: 01/05/2022
	TIME BEGAN: 11:00 AM
	TIME COMPLETED: 11:30 AM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: INITIAL
3	Capacity: 0098
4	Census (if any clients in care):
5	
6	
7	
8	COMP II by CAB successfully completed
9	
10	Method: Telephone call
11	
12	
13	COMP II Participant: KURT KNAUER
14	RICK JENSEN
15	
16	
17	<i>Applicant/administrator participated in COMP II via telephone call with the analyst at CAB.</i>
18	<i>Identification of the applicant and administrator was verified by photo ID . During COMP II,</i>
19	<i>applicant and administrator confirmed the understanding of Title 22. Component II was</i>
20	<i>successfully completed.</i>
21	
22	
23	<i>During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of</i>
24	<i>following areas:</i>
25	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
- 7. 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: Mirella Quaranta

NAME OF LICENSING PROGRAM ANALYST: Stefania Fonteno

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/05/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/05/2022

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