

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 331881393

Report Date: 02/02/2023

Date Signed: 02/02/2023 09:26:17 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: INLAND SENIOR MANOR	FACILITY NUMBER: 331881393
ADMINISTRATOR: PEREZ, MA. TERESA	FACILITY TYPE: 740
ADDRESS: 25871 SUN CITY BLVD	TELEPHONE: (562) 350-8537
CITY: MENIFEE	STATE: CA
CAPACITY: 6	ZIP CODE: 92586
TYPE OF VISIT: Office	CENSUS: 0
MET WITH: LICENSEE/ADMINISTRATOR, MA TERESA PEREZ	ANNOUNCED
	DATE: 02/02/2023
	TIME BEGAN: 09:00 AM
	TIME COMPLETED: 09:20 AM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: Initial
3	Capacity: 6
4	Census (if any clients in care): 0
5	COMP II Participants: Ma Teresa Perez, Licensee/Administrator
6	Interview Method: Telephone interview
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12	On 2/2/2023, applicant/administrator participated in COMP II.
13	Identification of the applicant and administrator was verified through
14	interview questions based on photo ID and other identifying personal
15	information. During COMP II, applicant and administrator confirmed that
16	they have read and understand community care facility licensing laws included
17	in the Health and Safety Codes and the California Code of Regulations Title
18	22. Signed LIC 809 with copy of photo ID have been obtained.
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20	
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22	
23	During COMP II, CAB analyst confirmed Applicant/Administrator's
24	understanding of following areas:
25	1. Facility operation: License type, client/resident populations, and program
	2. Admission Policies
	3. Staffing requirements & Training
	4. Restrictive/Prohibited Health Conditions

- 5. General provisions
- 6. Emergency Preparedness
- 7. Complaints & Reporting
- 8. Pre-licensing readiness

NAME OF LICENSING PROGRAM MANAGER: Darla Neeley
NAME OF LICENSING PROGRAM ANALYST: Biridiana Cisneros
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/02/2023

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/02/2023

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