

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 331881480

Report Date: 02/27/2024

Date Signed: 02/27/2024 01:26:18 PM

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRALIZED APP UNIT, 744 P STREET, MS 9-14-8201 SACRAMENTO, CA 95814 |
| FACILITY EVALUATION REPORT | |

| | |
|---|----------------------------|
| FACILITY NAME: RIVERSIDE RETIREMENT VILLA LLC | FACILITY NUMBER: 331881480 |
| ADMINISTRATOR: WILLIAMS, MORGAN | FACILITY TYPE: 740 |
| ADDRESS: 4609 ARLINGTON AVE | TELEPHONE: (921) 462-1025 |
| CITY: RIVERSIDE | STATE: CA |
| CAPACITY: 236 | ZIP CODE: 92504 |
| TYPE OF VISIT: Office | CENSUS: 150 |
| MET WITH: Morgan Williams & Adam Zenou | ANNOUNCED |
| | DATE: 02/27/2024 |
| | TIME BEGAN: 01:10 PM |
| | TIME COMPLETED: 01:23 PM |

| NARRATIVE | |
|-----------|---|
| 1 | Facility Type: RCFE |
| 2 | Application Type: CHOW |
| 3 | Capacity: 236 |
| 4 | Census (if any clients in care): 150 |
| 5 | COMP II Participants: Adam Zenou (Corporate Board Member) & Morgan |
| 6 | Williams (Administrator) |
| 7 | Interview Method: Virtual interview via Microsoft Teams |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | On February 27, 2024, applicant/administrator participated in COMP II. |
| 14 | Identification of the applicant and administrator was verified through |
| 15 | interview questions based on photo ID and other identifying personal |
| 16 | information. During COMP II, applicant and administrator confirmed that |
| 17 | they have read and understand community care facility licensing laws |
| 18 | included in the Health and Safety Codes and the California Code of |
| 19 | Regulations Title 22. Signed LIC 809 with copy of photo ID have been |
| 20 | obtained. |
| 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. 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: Diamond Law

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/27/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/27/2024

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