

Department of

# SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 331881645

Report Date: 10/08/2024

Date Signed: 10/08/2024 11:48:17 AM

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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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: OUR COUNTRYSIDE RESORT	FACILITY NUMBER: 331881645
ADMINISTRATOR/MAHAN, ELIZABETH DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 18111 HAINES STREET	TELEPHONE: (951) 657-3557
CITY: PERRIS	STATE: CA
CAPACITY: 36	ZIP CODE: 92570
TYPE OF VISIT: Office	CENSUS: 17
	ANNOUNCED
	DATE: 10/08/2024
	TIME VISIT/INSPECTION BEGAN: 11:00 AM
MET WITH: Elizabeth Mahan & Lucia Ramos	TIME VISIT/INSPECTION COMPLETED: 11:30 AM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: Initial
3	Capacity: 36
4	Census (if any clients in care): 17
5	COMP II Participants: Elizabeth Mahan (Administrator) & Lucia Ramos
6	(Board Member)
7	Interview Method: Virtual interview via Microsoft Teams
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13	On October 08, 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:** 10/08/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 10/08/2024

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