

Department of

# SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 335530032

Report Date: 07/26/2022

Date Signed: 07/26/2022 02:13:39 PM

Document Has Been Signed on 07/26/2022 02:13 PM - It Cannot Be Edited

|  |   |
|--|---|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>CCLD Regional Office, 744 P STREET, MS 9-14-8201<br>, CA 95814 |
| <b>FACILITY EVALUATION REPORT</b>                      |   |

|                                 |                            |
|---------------------------------|----------------------------|
| FACILITY NAME: VILLA DE ANZA    | FACILITY NUMBER: 335530032 |
| ADMINISTRATOR: ESPINAL, KENNY   | FACILITY TYPE: 740         |
| ADDRESS: 5881 EL PALOMINO DRIVE | TELEPHONE: (951) 683-3333  |
| CITY: RIVERSIDE                 | STATE: CA                  |
| CAPACITY: 197                   | ZIP CODE: 92509            |
| TYPE OF VISIT: Office           | CENSUS: 07/26/2022         |
| MET WITH:                       | ANNOUNCED                  |
|                                 | DATE: 07/26/2022           |
|                                 | TIME BEGAN: 02:00 PM       |
|                                 | TIME COMPLETED: 02:13 PM   |

| NARRATIVE |   |
|-----------|---|
| 1         | COMP II by CAB successfully completed   |
| 2         |   |
| 3         |   |
| 4         | Facility Type: RCFE   |
| 5         | Application Type: CHOW  |
| 6         | Capacity: 197   |
| 7         |   |
| 8         | Census (if any clients in care): 91   |
| 9         | Method: Telephone call with CAB   |
| 10        | COMP II Participants: Adam Zenou, CEO/Owner; Kenny Espinal, Administrator;        |
| 11        | Shannon Betker, analyst.  |
| 12        | Applicant/administrator participated in COMP II at CAB via telephone call with    |
| 13        | analyst at CAB. Identification of the applicant and administrator was verified by |
| 14        | confirming driver's license number. During COMP II, applicant and administrator   |
| 15        | confirmed the understanding of Title 22. Component II was successfully completed. |
| 16        | Applicant and administrator were advised to email/fax signed LIC 809 with copy of |
| 17        | photo ID to CAB.  |
| 18        |   |
| 19        |   |
| 20        |   |
| 21        |   |
| 22        | During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of  |
| 23        | following areas:  |
| 24        | 1. Facility operation: License type, client/resident populations, and program     |
| 25        | 2. Staff qualifications and responsibilities                                      |
|           | 3. Staff training   |
|           | 4. Applicant and Administrator qualifications                                     |
|           | 5. Grievances, Complaints, Community resources                                    |
|           | 6. Food service   |

7. Medication management

8. Application document review and technical assistance: Pre-licensing inspection

**NAME OF LICENSING PROGRAM MANAGER:** Darla Neeley

**NAME OF LICENSING PROGRAM ANALYST:** Shannon Betker

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 07/26/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 07/26/2022

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