

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 335530171

Report Date: 02/06/2024

Date Signed: 02/07/2024 06:41:36 AM

Document Has Been Signed on 02/07/2024 06:41 AM - It Cannot Be Edited

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, CA 95814
FACILITY EVALUATION REPORT	

FACILITY NAME: WILDOMAR SENIOR ASSISTED LIVING	FACILITY NUMBER: 335530171
ADMINISTRATOR: MILLER, CRISTINA	FACILITY TYPE: 740
ADDRESS: 32365 SOUTH PASADENA ST	TELEPHONE: (323) 902-6000
CITY: WILDOMAR	STATE: CA ZIP CODE: 92595
CAPACITY: 200	CENSUS: ANNOUNCED DATE: 02/06/2024
TYPE OF VISIT: Office	TIME BEGAN: 12:59 PM
MET WITH: Cristina Miller, Steven Atlas	TIME COMPLETED: 01:21 PM

NARRATIVE	
1	Facility Type: Residential Care Facility for the Elderly
2	Application Type: Change of Ownership
3	Capacity: 200
4	Census (if any clients in care): 85
5	COMP II Participants: Cristina Miller, Steven Atlas
6	Interview Method: Telephone interview
7	
8	
9	
10	On February 06, 2024, applicant/administrator participated in COMP II. Identification
11	of the applicant and administrator was verified through interview questions based on
12	photo ID and other identifying personal information. During COMP II, applicant and
13	administrator confirmed the understanding of the California Code Title 22
14	Regulations. Signed LIC 809 with copy of photo ID have been obtained.
15	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
16	following areas:
17	1. Facility operation: License type, client/resident populations, and program
18	2. Admission Policies
19	3. Staffing requirements & Training
20	4. Restricted/Prohibited Health Conditions
21	5. General provisions
22	6. Emergency Preparedness
23	7. Complaints & Reporting
24	8. Pre-licensing readiness
25	

NAME OF LICENSING PROGRAM MANAGER: Joshua Miller

NAME OF LICENSING PROGRAM ANALYST: Bethany Hunter

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 02/06/2024

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 02/06/2024

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