

FACILITY EVALUATION REPORT

Facility Number: 335530171
Report Date: 02/06/2024
Date Signed: 02/07/2024 06:41:36 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 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:	DATE:	02/06/2024
TYPE OF VISIT: Office	ANNOUNCED	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	On February 06, 2024, applicant/administrator participated in COMP II. Identification		
10	of the applicant and administrator was verified through interview questions based on		
11	photo ID and other identifying personal information. During COMP II, applicant and		
12	administrator confirmed the understanding of the California Code Title 22		
13	Regulations. Signed LIC 809 with copy of photo ID have been obtained.		
14	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of		
15	following areas:		
16			
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.