

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 342701093

Report Date: 11/08/2021

Date Signed: 11/08/2021 10:06:25 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 SACRAMENTO, CA 95814
FACILITY EVALUATION REPORT	

FACILITY NAME: GOLDEN MOMENTS CARE HOME	FACILITY NUMBER: 342701093
ADMINISTRATOR: NONE PROVIDED	FACILITY TYPE: 740
ADDRESS: 2651 ARMSTRONG DR	TELEPHONE: (916) 489-2578
CITY: SACRAMENTO	STATE: CA
CAPACITY: 6	ZIP CODE: 95825
TYPE OF VISIT: Office	CENSUS: 6
MET WITH: Mark Graham, Licensee	ANNOUNCED
Makayla White-Anderson, Administrator	DATE: 11/08/2021
	TIME BEGAN: 09:00 AM
	TIME COMPLETED: 09:50 AM

NARRATIVE	
1	COMP II by CAB successfully completed.
2	Facility Type: RCFE
3	Application Type: CHOW- change in ownership
4	Capacity: 6
5	Census (if any clients in care): 6 (all non-ambulatory)
6	COMP II Participants: Mark Graham, Licensee and Makayla White-Anderson,
7	Administrator
8	Interview Method: Telephone interview
9	
10	On November 8, 2021 at 9:00 AM , Administrator and Licensee participated in COMP
11	II via telephone with Analyst, Celia Phomphachanh from CAB. Identification of the
12	Licensee was verified by providing California Driver License number verbally. During
13	COMP II, Applicant confirmed the understanding of Title 22 and Health and Safety
14	Codes. Component II was successfully completed. Administrator were advised to
15	email/fax signed LIC 809 with copy of photo ID to CAB.
16	
17	During COMP II, CAB Analyst confirmed Applicant/Administrator's understanding of
18	following areas:
19	
20	
21	
22	1. Facility Operation: License type, client/resident populations, and program
23	2. Staff Qualifications and responsibilities
24	3. Applicant and Administrator Qualifications
25	4. Program Policy: Abuse, admission agreement, medication management, reporting incidents to CCL, restricted & prohibited conditions

5. Grievances, Complaints, Community resources

6. Physical Plant and Food Service

7. Application Document Review and Technical Assistance: Criminal Record Clearance, Health Screening, Fire Clearance, First Aid/CPR Certificate, Administrator Certificate, Financial Verification, Pre-licensing Inspection, Compliance History and Control of property.

Interviewed concluded with Administrator and Licensee. LIC 809 will be sent via email PDF to Administrator.

NAME OF LICENSING PROGRAM MANAGER: Darla Neeley

NAME OF LICENSING PROGRAM ANALYST: Celia Phomphachanh

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/08/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/08/2021

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