

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 345002909

Report Date: 04/27/2022

Date Signed: 04/27/2022 04:39:08 PM

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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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: COGIR OF FOLSOM	FACILITY NUMBER: 345002909
ADMINISTRATOR: ACUNA, MALISSA	FACILITY TYPE: 740
ADDRESS: 1801 EAST NATOMA STREET	TELEPHONE: (916) 608-0800
CITY: FOLSOM	STATE: CA ZIP CODE: 95630
CAPACITY: 66	CENSUS: DATE: 04/27/2022
TYPE OF VISIT: Office	ANNOUNCED TIME BEGAN: 04:15 PM
MET WITH: Adebimpe Ekundare	TIME COMPLETED: 04:38 PM

NARRATIVE	
1	Facility Type: Residential Care Facility for the Elderly
2	Application Type: Change of ownership
3	Capacity: 66
4	Census (if any clients in care): 43
5	COMP II Participants: Adebimpe Ekundare
6	Interview Method: Telephone interview
7	On April 27, 2022, applicant/administrator participated in COMP II. Identification of the applicant and administrator was verified through interview questions based on photo ID and other identifying personal information. During COMP II, applicant and administrator confirmed the understanding of the California Code Title 22
8	Regulations. Signed LIC 809 with copy of photo ID have been obtained.
9	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
10	following areas:
11	1. Facility operation: License type, client/resident populations, and program
12	2. Admission Policies
13	3. Staffing requirements & Training
14	4. Restricted/Prohibited Health Conditions
15	5. General provisions
16	6. Emergency Preparedness
17	7. Complaints & Reporting
18	8. Pre-licensing readiness

NAME OF LICENSING PROGRAM MANAGER: Jude De La Concepcion

NAME OF LICENSING PROGRAM ANALYST: Bethany Hunter

**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 04/27/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 04/27/2022

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