

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 361881025
Report Date: 03/12/2021
Date Signed: 03/12/2021 02:14:57 PM

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES | |
| FACILITY EVALUATION REPORT | | COMMUNITY CARE LICENSING DIVISION | |
| | | CCLD Regional Office, 744 P STREET, MS 8-3-91 | |
| | | SACRAMENTO, CA 95814 | |
| FACILITY NAME: ASPEN GROVE HOME CARE | | FACILITY NUMBER: | 361881025 |
| ADMINISTRATOR: ENCIU, OLGA | | FACILITY TYPE: | 740 |
| ADDRESS: 1220 N. DEARBORN STREET | | TELEPHONE: | (310) 721-4441 |
| CITY: REDLANDS | STATE: CA | ZIP CODE: | 92374 |
| CAPACITY: 6 | CENSUS: | DATE: | 03/12/2021 |
| TYPE OF VISIT: Office | ANNOUNCED | TIME BEGAN: | 11:00 AM |
| MET WITH: Olga Enciu | | TIME COMPLETED: | 11:30 AM |

| NARRATIVE | |
|-----------|---|
| 1 | COMP II by CAB successfully completed |
| 2 | |
| 3 | |
| 4 | |
| 5 | Facility Type: RCFE |
| 6 | Application Type: CORP |
| 7 | Capacity: 6 |
| 8 | Census (if any clients in care): NO |
| 9 | Method: Telephone at CAB |
| 10 | COMP II Participants: Olga Enciu (Applicant/Administrator) |
| 11 | |
| 12 | Applicant/Administrator participated in COMP II at CAB via telephone with |
| 13 | analyst at CAB. Identification of the Applicant and Administrator was |
| 14 | verified by providing California Driver License number. During COMP II, |
| 15 | Applicant and Administrator confirmed the understanding of Title 22. |
| 16 | Component II was successfully completed. Applicant and Administrator |
| 17 | were advised to email/fax signed LIC 809 with copy of photo ID to CAB. |
| 18 | |
| 19 | During COMP II, CAB analyst confirmed Applicant/Administrator's |
| 20 | understanding of following areas: |
| 21 | |
| 22 | |
| 23 | |
| 24 | 1. Facility operation: License type, client/resident populations, and program |
| 25 | |
| | 2. Staff qualifications and responsibilities |

- 3. Applicant and Administrator qualifications
 - 4. Program policy: Abuse, admission agreement, medication management, reporting incidents to CCL, restricted & prohibited conditions
 - 5. Grievances, Complaints, Community resources
 - 6. Physical plant, food service
- 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,
Control of property

NAME OF LICENSING PROGRAM MANAGER: Julia Kim

NAME OF LICENSING PROGRAM ANALYST: Thai Doan

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/12/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/12/2021

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