

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 361881151
Report Date: 06/16/2021
Date Signed: 06/16/2021 01:22:25 PM

Document Has Been Signed on 06/16/2021 01:22 PM - **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 SACRAMENTO, CA 95814
FACILITY EVALUATION REPORT	

FACILITY NAME: HACIENDA LIVING	FACILITY NUMBER: 361881151
ADMINISTRATOR: VELAZQUEZ, RAUL	FACILITY TYPE: 740
ADDRESS: 11412 TELEPHONE AVE	TELEPHONE: (213) 440-4823
CITY: CHINO	STATE: CA
CAPACITY: 6	ZIP CODE: 91710
TYPE OF VISIT: Office	CENSUS: 06/16/2021
MET WITH: Raul Velazquez	ANNOUNCED
	DATE: 06/16/2021
	TIME BEGAN: 10:00 AM
	TIME COMPLETED: 10:30 AM

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

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: 06/16/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/16/2021

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