

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 361881183  
**Report Date:** 08/31/2021  
**Date Signed:** 08/31/2021 11:26:01 AM

**Document Has Been Signed on 08/31/2021 11:26 AM - 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: MIRIAM'S HOMECARE LLC	FACILITY NUMBER: 361881183
ADMINISTRATOR: GAD, ENRICO	FACILITY TYPE: 740
ADDRESS: 1635 HAMPSHIRE RD	TELEPHONE: (818) 912-0178
CITY: SAN BERNARDINO	STATE: CA
CAPACITY: 6	ZIP CODE: 92404
TYPE OF VISIT: Office	CENSUS: 08/31/2021
MET WITH: Enrico Gad	ANNOUNCED
	DATE: 08/31/2021
	TIME BEGAN: 11:10 AM
	TIME COMPLETED: 11:23 AM

NARRATIVE	
1	Component II completion: Successful
2	
3	Facility Type: RCFE
4	Application Type: CHOW
5	Capacity: 6
6	Census (if any clients in care): 6
7	COMP II Participants: Enrico Gad - applicant/licensee, administrator
8	Interview Method: Telephone interview
9	
10	On 8/31/21, applicant/administrator participated in COMP II. Identification of the applicant and
11	administrator was verified through interview questions based on photo ID and other identifying personal
12	information. During COMP II, applicant and administrator confirmed the understanding of the California
13	Code Title 22 Regulations. Signed LIC 809 with copy of photo ID have been obtained.
14	
15	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of following areas:
16	1. Facility operation: License type, client/resident populations, and program
17	2. Admission Policies
18	3. Staffing requirements & Training
19	4. Restrictive/Prohibited Health Conditions
20	5. General provisions
21	6. Emergency Preparedness
22	7. Complaints & Reporting
23	8. Pre-licensing readiness
24	
25	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Mirella Quaranta
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Susan Nguyen

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 08/31/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 08/31/2021

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