

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 361881195
Report Date: 09/30/2021
Date Signed: 10/04/2021 07:29:11 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: PALM VIEW PLEASANT LIVING	FACILITY NUMBER: 361881195
ADMINISTRATOR: KHALID, AMBREEN	FACILITY TYPE: 740
ADDRESS: 710 N CHURCH STREET	TELEPHONE: (909) 328-2118
CITY: REDLANDS	STATE: CA
CAPACITY: 20	ZIP CODE: 92374
TYPE OF VISIT: Office	CENSUS: 0
MET WITH: Niaz Khalid, Ambreen Khalid	ANNOUNCED
	DATE: 09/30/2021
	TIME BEGAN: 08:58 AM
	TIME COMPLETED: 09:29 AM

NARRATIVE

1 Facility Type: Residential Care Facility for the Elderly
2 Application Type: Initial
3 Capacity: 20 bedridden
4 Census (if any clients in care): 0
5 COMP II Participants: Niaz Khalid, Ambreen Khalid
6 Interview Method: Telephone interview
7 On September 30, 2021, applicant/administrator participated in COMP II.
8 Identification of the applicant and administrator was verified through interview
9 questions based on photo ID and other identifying personal information. During
10 COMP II, applicant and administrator confirmed the understanding of the California
11 Code Title 22 Regulations. Signed LIC 809 with copy of photo ID have been
12 obtained.
13 During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
14 following areas:
15
16 1. Facility operation: License type, client/resident populations, and program
17
18 2. Admission Policies
19
20 3. Staffing requirements & Training
21
22 4. Restrictive/Prohibited Health Conditions
23
24 5. General provisions
25
26 6. Emergency Preparedness
27
28 7. Complaints & Reporting
29
30 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: 09/30/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/30/2021

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