

Department of

# SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 365530102

Report Date: 06/13/2023

Date Signed: 06/23/2023 10:26:37 AM

Document Has Been Signed on 06/23/2023 10:26 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 , CA 95814
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: LOTUS VILLA AND MEMORY CARE	FACILITY NUMBER: 365530102
ADMINISTRATOR: PARRA, REBECCA	FACILITY TYPE: 740
ADDRESS: 9448 CITRUS AVENUE	TELEPHONE: (909) 355-6887
CITY: FONTANA	STATE: CA
CAPACITY: 99	ZIP CODE: 92335
TYPE OF VISIT: Office	CENSUS: 99
MET WITH: Ezequiel Bercovich, Licensee; Rebecca Parra, Administrator; Eli Goldman Supervisor	ANNOUNCED
	DATE: 06/13/2023
	TIME BEGAN: 10:30 AM
	TIME COMPLETED: 11:00 AM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: CHOW
3	Capacity: 99
4	Census (if any clients in care): 99
5	COMP II Participants: Ezequiel Bercovich, Licensee; Rebecca Parra.
6	Administrator; Eli Goldman Supervisor
7	Interview Method: Telephone interview
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13	On 6/13/2023, applicant/administrator participated in COMP II.
14	Identification of the applicant and administrator was verified through
15	interview questions based on photo ID and other identifying personal
16	information. During COMP II, applicant and administrator confirmed that
17	they have read and understand community care facility licensing laws included
18	in the Health and Safety Codes and the California Code of Regulations Title
19	22. Signed LIC 809 with copy of photo ID have been obtained.
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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. Admission Policies
	3. Staffing requirements & Training

4. Restrictive/Prohibited Health Conditions
5. General provisions
6. Emergency Preparedness
7. Complaints & Reporting
8. Pre-licensing readiness

**NAME OF LICENSING PROGRAM MANAGER:** Darla Neeley  
**NAME OF LICENSING PROGRAM ANALYST:** Biridiana Cisneros  
**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 06/13/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 06/13/2023

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