

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 365530221

Report Date: 10/24/2024

Date Signed: 10/24/2024 04:30:12 PM

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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 , CA 95814
FACILITY EVALUATION REPORT	

FACILITY NAME: LOMA LINDA ASSISTED LIVING	FACILITY NUMBER: 365530221
ADMINISTRATOR/SANCHEZ, ELLEEN	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 25393 COLE ST	TELEPHONE: (909) 799-3117
CITY: LOMA LINDA	STATE: CA
CAPACITY: 64	ZIP CODE: 92354
TYPE OF VISIT: Office	CENSUS: 10/24/2024
	ANNOUNCED
	TIME VISIT/INSPECTION BEGAN: 01:30 PM
MET WITH: Sanchez, Elleen & Jergensen, Joshua	TIME VISIT/INSPECTION COMPLETED: 01:50 PM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: CHOW
3	Capacity: 64
4	Census (if any clients in care): 56
5	Interview Method: Telephone interview
6	
7	
8	
9	On 10/24/2024, applicant/administrator participated in COMP II.
10	Identification of the applicant and administrator was verified through
11	interview questions based on photo ID and other identifying personal
12	information. During COMP II, applicant and administrator confirmed that
13	they have read and understand community care facility licensing laws
14	included in the Health and Safety Codes and the California Code of
15	Regulations Title 22. Signed LIC 809 with copy of photo ID have been
16	obtained.
17	
18	
19	
20	
21	During COMP II, CAB analyst confirmed Applicant/Administrator's
22	understanding of following areas:
23	
24	1. Facility operation: License type, client/resident populations, and program
25	2. Admission Policies

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

NAME OF LICENSING PROGRAM MANAGER: Tracy Thompson

NAME OF LICENSING PROGRAM ANALYST: Nicole Rouse

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/24/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/24/2024

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