

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 365530263

Report Date: 12/18/2024

Date Signed: 12/18/2024 12:36:56 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
<b>FACILITY EVALUATION REPORT</b>	
FACILITY NAME: VALLEY CREST	FACILITY NUMBER: 365530263
ADMINISTRATOR/JORDAN, KIMBERLY	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 18524 CORWIN RD	TELEPHONE: (760) 242-3188
CITY: APPLE VALLEY	ZIP CODE: 92307
CAPACITY: 65	DATE: 12/18/2024
TYPE OF VISIT: Office	TIME VISIT/ INSPECTION BEGAN: 12:00 PM
MET WITH: Aron, Shlomo & Jordan, Kimberly	TIME VISIT/ INSPECTION COMPLETED: 12:20 PM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: CHOW
3	Capacity: 65
4	Census (if any clients in care): 33
5	Interview Method: Telephone interview
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9	On 12/18/2024, 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.
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22	During COMP II, CAB analyst confirmed Applicant/Administrator's
23	understanding of following areas:
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
8. Pre-licensing readiness

**NAME OF LICENSING PROGRAM MANAGER:** Tracy Thompson

**NAME OF LICENSING PROGRAM ANALYST:** Nicole Rouse

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 12/18/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 12/18/2024

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