

# Department of SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

**Facility Number:** 366400985  
**Report Date:** 03/12/2021  
**Date Signed:** 03/12/2021 12:47:43 PM

**Document Has Been Signed on 03/12/2021 12:47 PM - It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: ATRIA DEL REY	FACILITY NUMBER: 366400985
ADMINISTRATOR: DEGUZMAN, SAMUEL	FACILITY TYPE: 740
ADDRESS: 8825 BASELINE RD	TELEPHONE: (909) 989-4346
CITY: RANCHO CUCAMONGA	STATE: CA
CAPACITY: 145	ZIP CODE: 91730
TYPE OF VISIT: Case Management - Other	CENSUS: 74
MET WITH: Samuel De Guzman, Executive Director	DATE: 03/12/2021
	UNANNOUNCED TIME BEGAN: 11:26 AM
	TIME COMPLETED: 11:34 AM

NARRATIVE	
1	Licensing Program Analyst (LPA), Stephanie Torres, contacted the facility via telephone, due to COVID-
2	19, for the purpose of amending complaint findings issued on 11/18/2020 for complaint #18-AS-
3	20200623090020. The LPA spoke with Executive Director (ED), Samuel De Guzman and informed him
4	of the purpose of the call.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Reyna Lacey
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Stephanie Torres

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 03/12/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 03/12/2021

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