

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374603273
Report Date: 02/21/2025
Date Signed: 02/21/2025 02:21:19 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
FACILITY EVALUATION REPORT	

FACILITY NAME: MYLDA SENIOR CARE FACILITY	FACILITY NUMBER: 374603273
ADMINISTRATOR/MIRIAM MEHZUN HADGU DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 3535 FENELON STREET	TELEPHONE: (619) 223-3700
CITY: SAN DIEGO	STATE: CA ZIP CODE: 92106
CAPACITY: 6	CENSUS: 2 DATE: 02/21/2025
TYPE OF VISIT: Case Management - Other	UNANNOUNCED TIME VISIT/INSPECTION 01:45 PM
MET WITH: Licensee Miriam Mehzun Hadgu	BEGAN: TIME VISIT/INSPECTION 02:30 PM
	COMPLETED:

NARRATIVE	
1	Licensing Program Analyst (LPA) Juliana Barfield conducted a Case Management visit. LPA was
2	welcomed by, identified herself to, and discussed the purpose of the visit with Licensee Miriam Mehzun
3	Hadgu.
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5	During the visit, LPA collected an Application for a Community Care Facility or Residential Care Facility
6	for the Elderly License, (LIC200) and an updated facility sketch for a change of ambulatory status at the
7	facility.
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9	No deficiencies were observed or cited on this date.
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11	An exit interview was conducted with Miriam Mehzun Hadgu, to whom a copy of this report was
12	provided during the visit.
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NAME OF LICENSING PROGRAM MANAGER: Lizzette Tellez

NAME OF LICENSING PROGRAM ANALYST: Juliana Barfield

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/21/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/21/2025

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