

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604171
Report Date: 07/23/2021
Date Signed: 07/23/2021 12:50:00 PM

Document Has Been Signed on 07/23/2021 12:50 PM - It Cannot Be Edited

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

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| FACILITY NAME: LO-HAR SENIOR LIVING | FACILITY NUMBER: 374604171 |
| ADMINISTRATOR: DUCCHARME-FRANKLIN, KANDY | FACILITY TYPE: 740 |
| ADDRESS: 768 DOROTHY ST | TELEPHONE: (619) 444-8270 |
| CITY: EL CAJON | STATE: CA |
| CAPACITY: 68 | ZIP CODE: 92019 |
| TYPE OF VISIT: POC | CENSUS: DATE: 07/23/2021 |
| MET WITH: Kandy Franklin | UNANNOUNCED TIME BEGAN: 10:50 AM |
| | TIME COMPLETED: 01:21 PM |

| NARRATIVE | |
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| 1 | LPA Kennedy made an unannounced visit to verify the conditions of a Plan of Correction (POC) were |
| 2 | met. LPA identified herself and discussed the purpose of the visit with Kandy Franklin, Administrator. |
| 3 | |
| 4 | During the facility visit the LPA toured the facility and the POCs was cleared at this visit. |
| 5 | |
| 6 | No violations were cited during the visit. |
| 7 | |
| 8 | |
| 9 | An exit interview was conducted with Ms. Franklin A copy of this report along with Licensee Rights |
| 10 | (LIC9058 01/2016) was provided to Ms. Franklin via email. An electronic response confirms the |
| 11 | documents were received. |
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| NAME OF LICENSING PROGRAM MANAGER: Rebecca Hedgecock |
| NAME OF LICENSING PROGRAM ANALYST: Anna Kennedy |

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/23/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/23/2021

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