

Department of

# SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

Facility Number: 374604471

Report Date: 08/17/2021

Date Signed: 08/18/2021 03:16:17 PM

**Document Has Been Signed on 08/18/2021 03:16 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, 744 P STREET, MS 9-14-8201 SACRAMENTO, CA 95814
<b>FACILITY EVALUATION REPORT</b>	
FACILITY NAME: ROSEMARY WARMLANDS SENIOR CARE, INC.	FACILITY NUMBER: 374604471
ADMINISTRATOR: SKOGLIN, KRISTINE M.	FACILITY TYPE: 740
ADDRESS: 2350 WARMLANDS AVENUE	TELEPHONE: (619) 871-0285
CITY: VISTA	STATE: CA
CAPACITY: 6	ZIP CODE: 92084
TYPE OF VISIT: Office	CENSUS: 08/17/2021
MET WITH: Kristine Skoglin	ANNOUNCED
	DATE: 08/17/2021
	TIME BEGAN: 10:00 AM
	TIME COMPLETED: 10:30 AM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: INC
3	Capacity: 6
4	Census (if any clients in care): NO
5	Method: Telephone at CAB
6	COMP II Participants: Kristine Skoglin (Applicant/Administrator)
7	
8	Applicant/Administrator participated in COMP II at CAB via telephone with
9	analyst at CAB. Identification of the Applicant and Administrator was
10	verified by providing California Driver License number. During COMP II,
11	Applicant and Administrator confirmed the understanding of Title 22.
12	Component II was successfully completed. Applicant and Administrator
13	were advised to email/fax signed LIC 809 with copy of photo ID to CAB.
14	
15	During COMP II, CAB analyst confirmed Applicant/Administrator's
16	understanding of following areas:
17	
18	1. Facility operation: License type, client/resident populations, and program
19	
20	2. Staff qualifications and responsibilities
21	3. Applicant and Administrator qualifications
22	4. Program policy: Abuse, admission agreement, medication management,
23	
24	
25	

reporting

incidents to CCL, restricted & prohibited conditions

5. Grievances, Complaints, Community resources

6. Physical plant, food service

Application document review and technical assistance: Criminal record clearance,

Health screening, Fire clearance, First Aid/CPR certificate, Administrator certificate, Financial verification, Pre-licensing inspection, Compliance history,

Control of property

**NAME OF LICENSING PROGRAM MANAGER:** Julia Kim

**NAME OF LICENSING PROGRAM ANALYST:** Thai Doan

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 08/18/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 08/18/2021

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