

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604471

Report Date: 08/17/2021

Date Signed: 08/18/2021 03:16:17 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 SACRAMENTO, CA 95814
FACILITY EVALUATION REPORT	

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 ZIP CODE: 92084
CAPACITY: 6	CENSUS: DATE: 08/17/2021
TYPE OF VISIT: Office	ANNOUNCED TIME BEGAN: 10:00 AM
MET WITH: Kristine Skoglin	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	Applicant/Administrator participated in COMP II at CAB via telephone with analyst at CAB. Identification of the Applicant and Administrator was verified by providing California Driver License number. During COMP II, Applicant and Administrator confirmed the understanding of Title 22. Component II was successfully completed. Applicant and Administrator were advised to email/fax signed LIC 809 with copy of photo ID to CAB.
8	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of following areas:
9	1. Facility operation: License type, client/resident populations, and program
10	2. Staff qualifications and responsibilities
11	3. Applicant and Administrator qualifications
12	4. Program policy: Abuse, admission agreement, medication management,

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.