

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604604

Report Date: 12/21/2022

Date Signed: 12/21/2022 01:36:17 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:	PACIFICA SENIOR LIVING POWAY	FACILITY NUMBER:	374604604
ADMINISTRATOR:	AZEMIKHAH, CAMERON	FACILITY TYPE:	740
ADDRESS:	12750 GATEWAY PARK ROAD	TELEPHONE:	(858) 451-9933
CITY:	POWAY	STATE:	CA
CAPACITY:	72	CENSUS:	92064
TYPE OF VISIT:	Office	ANNOUNCED	DATE: 12/21/2022
MET WITH:	Cameron Azemikhah	TIME BEGAN:	12:58 PM
		TIME COMPLETED:	01:16 PM

NARRATIVE	
1	Facility Type: Residential Care Facility for the Elderly
2	Application Type: Change of ownership
3	Capacity: 72
4	Census (if any clients in care): 0
5	COMP II Participants: Cameron Azemikhah
6	Interview Method: Telephone interview
7	On December 21, 2022, applicant/administrator participated in COMP II.
8	Identification of the applicant and administrator was verified through interview
9	questions based on photo ID and other identifying personal information. During
10	COMP II, applicant and administrator confirmed the understanding of the California
11	Code Title 22 Regulations. Signed LIC 809 with copy of photo ID have been
12	obtained.
13	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
14	following areas:
15	1. Facility operation: License type, client/resident populations, and program
16	2. Admission Policies
17	3. Staffing requirements & Training
18	4. Restricted/Prohibited Health Conditions
19	5. General provisions
20	6. Emergency Preparedness
21	7. Complaints & Reporting
22	8. Pre-licensing readiness

NAME OF LICENSING PROGRAM MANAGER: Jude De La Concepcion

NAME OF LICENSING PROGRAM ANALYST: Bethany Hunter

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 12/21/2022

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 12/21/2022

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