

Department of

# SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 374604618

Report Date: 11/03/2022

Date Signed: 11/03/2022 02:16:32 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: ALPINE VIEW LODGE	FACILITY NUMBER: 374604618
ADMINISTRATOR: QIAN, HELEN	FACILITY TYPE: 740
ADDRESS: 973 ARNOLD WAY	TELEPHONE: (626) 437-5821
CITY: ALPINE	STATE: CA
CAPACITY: 38	ZIP CODE: 91901
TYPE OF VISIT: Office	CENSUS: 11/03/2022
MET WITH:	ANNOUNCED
	DATE: 11/03/2022
	TIME BEGAN: 02:00 PM
	TIME COMPLETED: 02:15 PM

NARRATIVE	
1	COMP II by CAB successfully completed
2	
3	
4	Facility Type: RCFE
5	Application Type: CHOW
6	Capacity: 38
7	
8	Census (if any clients in care): 37
9	Method: Telephone call with CAB
10	COMP II Participants: Helen Qian, Administrator/Owner; Shannon Betker, analyst.
11	
12	
13	Applicant/administrator participated in COMP II at CAB via telephone call with analyst at CAB. Identification of the applicant and administrator was verified by
14	confirming driver's license number. During COMP II, applicant and administrator
15	confirmed the understanding of Title 22. Component II was successfully completed.
16	
17	Applicant and administrator were advised to email/fax signed LIC 809 with copy of
18	photo ID to CAB.
19	
20	
21	
22	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
23	following areas:
24	1. Facility operation: License type, client/resident populations, and program
25	2. Staff qualifications and responsibilities
	3. Staff training
	4. Applicant and Administrator qualifications
	5. Grievances, Complaints, Community resources
	6. Food service

- 7. Medication management
- 8. Application document review and technical assistance: Pre-licensing inspection
- 9. Analyst explained Guardian procedures for adding staff

**NAME OF LICENSING PROGRAM MANAGER:** Jude De La Concepcion  
**NAME OF LICENSING PROGRAM ANALYST:** Shannon Betker  
**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 11/03/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 11/03/2022

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