

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604652
Report Date: 08/31/2023
Date Signed: 08/31/2023 11:43:05 AM

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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: POWAY GARDENS SENIOR LIVING - OAKS	FACILITY NUMBER: 374604652
ADMINISTRATOR: WILLIAMS, DONELLE	FACILITY TYPE: 740
ADDRESS: 12742 MONTE VISTA ROAD	TELEPHONE: (658) 674-1255
CITY: POWAY	STATE: CA
CAPACITY: 6	ZIP CODE: 92064
TYPE OF VISIT: Office	CENSUS: 08/31/2023
MET WITH: Sherrylyn Anding	ANNOUNCED
	DATE: 08/31/2023
	TIME BEGAN: 11:00 AM
	TIME COMPLETED: 11:20 AM

NARRATIVE	
1	Component II completion: Successful
2	
3	Facility Type: RCFE
4	Application Type: CHOW
5	Capacity: 6
6	Census (if any clients in care): 5
7	COMP II Participants: Sherrylyn Anding (Administrator)
8	Interview Method: Microsoft teams
9	
10	Oaks - Sunday-Thursday 9am-5pm
11	Palms - 17 clients
12	Monte Vista - 10 clients
13	
14	
15	
16	On 8/31/23, applicant/administrator participated in COMP II. Identification of the applicant and administrator was verified through interview questions based on photo ID and other identifying personal information. During COMP II, applicant and administrator confirmed that they have read and understand community care facility licensing laws included in the Health and Safety Codes and the California Code of Regulations Title 22. Signed LIC 809 with copy of photo ID have been obtained.
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22	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of following areas:
23	1. Facility operation: License type, client/resident populations, and program
24	2. Admission Policies
25	3. Staffing requirements & Training
	4. Restrictive/Prohibited Health Conditions
	5. General provisions
	6. Emergency Preparedness
	7. Complaints & Reporting
	8. Pre-licensing readiness

NAME OF LICENSING PROGRAM MANAGER: Mirella Quaranta
NAME OF LICENSING PROGRAM ANALYST: Susan Nguyen
LICENSING PROGRAM ANALYST SIGNATURE:

	DATE: 08/31/2023
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

	DATE: 08/31/2023
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This report must be available at Child Care and Group Home facilities for public review for 3 years.