

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604818

Report Date: 07/22/2024

Date Signed: 07/22/2024 05:51:16 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: EPIC ASSISTANCE CARE HOME 4	FACILITY NUMBER: 374604818
ADMINISTRATOR/MESDJIAN, LIZA	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 1061 E BRADLEY AVE	TELEPHONE: (818) 220-0282
CITY: EL CAJON	STATE: CA
CAPACITY: 15	ZIP CODE: 92021
TYPE OF VISIT: Office	CENSUS: 07/22/2024
	ANNOUNCED
	TIME VISIT/INSPECTION BEGAN: 10:00 AM
MET WITH: LIZA MESDJIAN, PETER AZIZ	TIME VISIT/INSPECTION COMPLETED: 10:29 AM

NARRATIVE	
1	Facility Type: Residential Care Facility for the Elderly
2	Application Type: Change of Ownership
3	Capacity: 14
4	Census (if any clients in care): 0
5	COMP II Participants: LIZA MESDJIAN, PETER AZIZ
6	Interview Method: Telephone interview
7	
8	
9	On July 22, 2024, applicant/administrator participated in COMP II. Identification of
10	the applicant and administrator was verified through interview questions based on
11	photo ID and other identifying personal information. During COMP II, applicant and
12	administrator confirmed the understanding of the California Code Title 22
13	Regulations. Signed LIC 809 with copy of photo ID have been obtained.
14	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
15	following areas:
16	
17	
18	1. Facility operation: License type, client/resident populations, and program
19	2. Admission Policies
20	3. Staffing requirements & Training
21	4. Restricted/Prohibited Health Conditions
22	5. General provisions
23	6. Emergency Preparedness
24	7. Complaints & Reporting
25	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:** 07/22/2024

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 07/22/2024

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