

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604838
Report Date: 12/18/2024
Date Signed: 12/18/2024 02:00:25 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: DIGNITY HOMECARE LLC	FACILITY NUMBER: 374604838
ADMINISTRATOR/DIWA, PAUL CHRISTOPHER DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 8235 HYDRA LN	TELEPHONE: (619) 777-8639
CITY: SAN DIEGO	STATE: CA
CAPACITY: 6	ZIP CODE: 92126
TYPE OF VISIT: Office	CENSUS: 12/18/2024
	ANNOUNCED
	TIME VISIT/INSPECTION BEGAN: 01:05 PM
MET WITH: Paul Christopher Diwa	TIME VISIT/INSPECTION COMPLETED: 01:40 PM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: CHOW
3	Capacity: 6
4	Census (if any clients in care): 4
5	COMP II Participants: Paul Christopher Diwa
6	Interview Method: Telephone interview
7	
8	
9	On December 18, 2024, applicant/administrator participated in COMP II.
10	Identification of the applicant and administrator was verified through interview
11	questions based on photo ID and other identifying personal information. During
12	COMP II, applicant and administrator confirmed that they have read and understand
13	community care facility licensing laws included in the Health and Safety Codes and
14	the California Code of Regulations Title 22. Signed LIC 809 with copy of photo ID
15	have been obtained.
16	
17	
18	
19	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
20	following areas:
21	1.Facility operation: License type, client/resident populations, and program
22	2. Medications/Activities
23	3.General provisions
24	6.Complaints & Reporting
25	8.Pre-licensing readiness

NAME OF LICENSING PROGRAM MANAGER: Julia Kim
NAME OF LICENSING PROGRAM ANALYST: Dianne Ramos
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 12/18/2024

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 12/18/2024

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