

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 385601148

Report Date: 05/05/2023

Date Signed: 07/10/2023 11:09:49 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: IVY AT GOLDEN GATE, THE	FACILITY NUMBER: 385601148
ADMINISTRATOR:RAUKHMAN, KATHERINE	FACILITY TYPE: 740
ADDRESS: 1601 19TH AVENUE	TELEPHONE: (415) 664-6254
CITY: SAN FRANCISCO	STATE: CA
CAPACITY: 168	ZIP CODE: 94122
TYPE OF VISIT: Office	CENSUS: 05/05/2023
MET WITH: KATHERINE RAUKHMAN	ANNOUNCED
	DATE: 05/05/2023
	TIME BEGAN: 11:06 AM
	TIME COMPLETED: 11:30 AM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: CHOW
3	Capacity:168
4	Census (if any clients in care):
5	COMP II Participants: KATHERINE RAUKHMAN, ADMINISTRATOR
6	Interview Method: Telephone interview
7	
8	On 5/5/23, applicant/administrator participated in COMP II. Identification
9	of the applicant and administrator was verified through interview questions
10	based on photo ID and other identifying personal information. During COMP
11	II, applicant and administrator confirmed that they have read and understand
12	community care facility licensing laws included in the Health and Safety
13	Codes and the California Code of Regulations Title 22. Signed LIC 809 with
14	copy of photo ID have been obtained.
15	
16	During COMP II, CAB analyst confirmed Applicant/Administrator's
17	understanding of following areas:
18	1. Facility operation: License type, client/resident populations, and program
19	2. Admission Policies
20	3. Staffing requirements & Training
21	4. Restrictive/Prohibited Health Conditions
22	5. General provisions
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Mirella Quaranta
NAME OF LICENSING PROGRAM ANALYST: Stefania Fonteno
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 07/10/2023

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 07/10/2023

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