

Department of

# SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

Facility Number: 392700941

Report Date: 12/23/2020

Date Signed: 12/23/2020 02:19:11 PM

**Document Has Been Signed on 12/23/2020 02:19 PM - It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 744 P STREET, MS 8-3-91 SACRAMENTO, CA 95814	
<b>FACILITY EVALUATION REPORT</b>			
FACILITY NAME: CHIANTI GRACE, LLC		FACILITY NUMBER:	392700941
ADMINISTRATOR: LAUREL, MARICAR		FACILITY TYPE:	740
ADDRESS: 9063 CHIANTI CIRCLE		TELEPHONE:	(209) 688-8058
CITY: STOCKTON	STATE: CA	ZIP CODE:	95212
CAPACITY: 6	CENSUS:	DATE:	12/23/2020
TYPE OF VISIT: Office	ANNOUNCED	TIME BEGAN:	02:00 PM
MET WITH:		TIME COMPLETED:	02:16 PM
<b>NARRATIVE</b>			
1	COMP II by CAB successfully completed		
2			
3			
4	Facility Type: RCFE		
5	Application Type: CHOW		
6	Capacity: 6		
7			
8	Census (if any clients in care): 5		
9	Method: Telephone call with CAB		
10	COMP II Participants: Laurel Maricar, Administrator/Owner; Shannon Betker, analyst.		
11			
12			
13	Applicant/administrator participated in COMP II at CAB via telephone call with		
14	analyst at CAB. Identification of the applicant and administrator was verified by		
15	confirming driver's license number. During COMP II, applicant and administrator		
16	confirmed the understanding of Title 22. Component II was successfully completed.		
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

**NAME OF LICENSING PROGRAM MANAGER:** Jude De La Concepcion

**NAME OF LICENSING PROGRAM ANALYST:** Shannon Betker

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 12/23/2020

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 12/23/2020

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