

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 392700997

Report Date: 04/26/2021

Date Signed: 04/26/2021 11:50:16 AM

Document Has Been Signed on 04/26/2021 11:50 AM - **It Cannot Be Edited**

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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 8-3-91 SACRAMENTO, CA 95814 |
| FACILITY EVALUATION REPORT | |

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|--------------------------------------|--------------------------------|
| FACILITY NAME: CAMLU ASSISTED LIVING | FACILITY NUMBER: 392700997 |
| ADMINISTRATOR: WHITTED, ALMA | FACILITY TYPE: 740 |
| ADDRESS: 6037 N. PERSHING AVENUE | TELEPHONE: (209) 951-2030 |
| CITY: STOCKTON | STATE: CA ZIP CODE: 95207 |
| CAPACITY: 96 | CENSUS: DATE: 04/26/2021 |
| TYPE OF VISIT: Office | ANNOUNCED TIME BEGAN: 11:00 AM |
| MET WITH: Alma Whitted | TIME COMPLETED: 11:30 AM |

| NARRATIVE | |
|-----------|---|
| 1 | Facility Type: RCFE |
| 2 | Application Type: Change of Ownership |
| 3 | Capacity: 96 |
| 4 | Census (if any clients in care): 61 |
| 5 | Method: Telephone call with CAB |
| 6 | COMP II Participants: Alma Whitted, administrator |
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| 10 | Applicant/administrator participated in COMP II via telephone call with the analyst at |
| 11 | CAB. Identification of the applicant and administrator was verified by photo ID. During |
| 12 | COMP II, applicant and administrator confirmed the understanding of Title 22. |
| 13 | Component II was successfully completed. Applicant has been advised to transmit |
| 14 | signed LIC 809 with copy of photo ID to CAB. |
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NAME OF LICENSING PROGRAM MANAGER: Julia Kim

NAME OF LICENSING PROGRAM ANALYST: Dianne Ramos

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 04/26/2021

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 04/26/2021

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