

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 392700997

Report Date: 04/26/2021

Date Signed: 04/26/2021 11:50:16 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 8-3-91 SACRAMENTO, CA 95814	
FACILITY EVALUATION REPORT			
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		ZIP CODE: 95207	
CAPACITY: 96		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.