

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 392701374

Report Date: 01/25/2024

Date Signed: 01/25/2024 08:23:47 AM

Document Has Been Signed on 01/25/2024 08:23 AM - 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 9-14-8201 SACRAMENTO, CA 95814
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: CHEROKEE RETIREMENT HOME INC	FACILITY NUMBER: 392701374
ADMINISTRATOR: SINGH, JAGTAR	FACILITY TYPE: 740
ADDRESS: 4124 CHEROKEE ROAD	TELEPHONE: (209) 518-1908
CITY: STOCKTON	STATE: CA ZIP CODE: 95215
CAPACITY: 15	CENSUS: DATE: 01/25/2024
TYPE OF VISIT: Office	ANNOUNCED TIME BEGAN: 08:00 AM
MET WITH: Jagtar Singh	TIME COMPLETED: 08:19 AM

NARRATIVE	
1	Facility Type: Residential Care Facility for the Elderly
2	Application Type: Change of Ownership
3	Capacity: 15
4	Census (if any clients in care): 11
5	COMP II Participants: Jagtar Singh
6	Interview Method: Telephone interview
7	On January 25, 2024, applicant/administrator participated in COMP II. Identification of the applicant and administrator was verified through interview questions based on photo ID and other identifying personal information. During COMP II, applicant and administrator confirmed the understanding of the California Code Title 22
8	Regulations. Signed LIC 809 with copy of photo ID have been obtained.
9	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
10	following areas:
11	1. Facility operation: License type, client/resident populations, and program
12	2. Admission Policies
13	3. Staffing requirements & Training
14	4. Restricted/Prohibited Health Conditions
15	5. General provisions
16	6. Emergency Preparedness
17	7. Complaints & Reporting
18	8. Pre-licensing readiness

NAME OF LICENSING PROGRAM MANAGER: Jude De La Concepcion

NAME OF LICENSING PROGRAM ANALYST: Bethany Hunter

**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 01/25/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 01/25/2024

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