

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 486803984

Report Date: 08/16/2021

Date Signed: 08/16/2021 09:33:05 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: FIVE ACRES AT LEISURE TOWN NORTH	FACILITY NUMBER: 486803984
ADMINISTRATOR: UNKNOWN	FACILITY TYPE: 740
ADDRESS: 5073 VICTOR LANE	TELEPHONE: (949) 439-2836
CITY: VACAVILLE	STATE: CA
CAPACITY: 11	ZIP CODE: 95688
TYPE OF VISIT: Office	CENSUS: ANNOUNCED
MET WITH: Sirokman, Jim	DATE: 08/16/2021
	TIME BEGAN: 09:00 AM
	TIME COMPLETED: 09:30 AM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: Initial
3	Capacity: 11
4	Method: Telephone call with CAB
5	
6	
7	
8	<i>Applicant/administrator participated in COMP II via telephone call with the analyst at</i>
9	<i>CAB. Identification of the applicant/administrator was verified by correctly answering</i>
10	<i>identity verification questions. During COMP II, applicant/administrator confirmed</i>
11	<i>the understanding of Title 22. Component II was successfully completed. Applicant has</i>
12	<i>been advised to transmit signed LIC 809 with copy of photo ID to CAB.</i>
13	
14	
15	
16	<i>During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of</i>
17	<i>following areas:</i>
18	
19	<i>1. Facility operation: License type, client/resident populations, and program</i>
20	<i>2. Staff qualifications and responsibilities</i>
21	<i>3. Applicant and Administrator qualifications</i>
22	<i>4. Program policy: Abuse, admission agreement, medication management, reporting</i>
23	<i>incidents to CCL, restricted & prohibited conditions</i>
24	<i>5. Grievances, Complaints, Community resources</i>
25	<i>6. Physical plant, food service</i>
	<i>7. Application document review and technical assistance: Criminal record clearance,</i>

Health screening, Fire clearance, First Aid/CPR certificate, Administrator certificate, Financial verification, Pre-licensing inspection, Compliance history, Control of property

NAME OF LICENSING PROGRAM MANAGER: Julia Kim
NAME OF LICENSING PROGRAM ANALYST: Nicole Rouse
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/16/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/16/2021

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