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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 486804191
Report Date: 01/16/2024
Date Signed: 01/16/2024 02:10:14 PM

Document Has Been Signed on 01/16/2024 02:10 PM **- It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 744 P STREET, MS 9-14-8201 SACRAMENTO, CA 95814

FACILITY NAME:	FARMSTEAD AT DIXON, THE			FACILITY NUMBER:	486804191
ADMINISTRATOR:	REYES, ALANA			FACILITY TYPE:	740
ADDRESS:	350 GATEWAY DRIVE			TELEPHONE:	(707) 592-1157
CITY:	DIXON	STATE: CA		ZIP CODE:	95620
CAPACITY: 86		CENSUS:		DATE:	01/16/2024
TYPE OF VISIT:	Office	ANNOUNCED		TIME BEGAN:	02:00 PM
MET WITH:				TIME COMPLETED:	02:09 PM

NARRATIVE

COMP II by CAB successfully completed

Facility Type: RCFE
Application Type: Initial
Capacity: 86
Census (if any clients in care): 0
Method: Telephone call with CAB
COMP II Participants: Alana Reyes, Administrator; Jason Reyes, Owner; Shannon Betker, analyst.
Applicant/administrator participated in COMP II at CAB via telephone call with analyst at CAB. Identification of the applicant and administrator was verified by confirming driver's license number. During COMP II, applicant and administrator confirmed the understanding of Title 22. Component II was successfully completed. Applicant and administrator were advised to email/fax signed LIC 809 with copy of photo ID to CAB.

During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of following areas:
1. Facility operation: License type, client/resident populations, and program
2. Admission Policies
3. Staffing requirements & Training
4. Restrictive/Prohibited Health Conditions
5. General provisions
6. Emergency Preparedness

7. Complaints & Reporting
8. Pre-licensing readiness

NAME OF LICENSING PROGRAM MANAGER: Jude De La Concepcion
NAME OF LICENSING PROGRAM ANALYST: Shannon Betker
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 01/16/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/16/2024

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