

Department of

# SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 496804112

Report Date: 11/01/2022

Date Signed: 11/01/2022 11:09:31 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: LODGE AT PINER ROAD, THE	FACILITY NUMBER: 496804112
ADMINISTRATOR: REYES, ALANA	FACILITY TYPE: 740
ADDRESS: 1980 PINER ROAD	TELEPHONE: (707) 592-1157
CITY: SANTA ROSA	STATE: CA
CAPACITY: 92	ZIP CODE: 95403
TYPE OF VISIT: Office	CENSUS: ANNOUNCED
MET WITH: ALANA & JASON REYES Applicant/administrator	DATE: 11/01/2022
	TIME BEGAN: 10:30 AM
	TIME COMPLETED: 11:00 AM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: INITIAL
3	Capacity: 92
4	Census (if any clients in care): NO
5	
6	
7	
8	Method: Telephone call with CAB
9	COMP II Participants: ALANA & JASON REYES Applicant/administrator
10	Applicant / administrator participated in COMP II via telephone call with the analyst at
11	CAB. During COMP II, applicant and administrator confirmed the understanding of
12	Title 22. Component II was successfully completed.
13	
14	
15	
16	During COMP II, CAB analyst confirmed Applicant / Administrator's understanding of
17	following areas:
18	
19	1. Facility operation: License type, client / resident populations, and program
20	
21	2. Staff qualifications and responsibilities
22	3. Applicant and Administrator qualifications
23	
24	4. Program policy: Abuse, admission agreement, medication management, reporting
25	incidents to CCL, restricted & prohibited conditions
	5. Grievances, Complaints, Community resources
	6. Physical plant, food service
	7. Application document review and technical assistance: Criminal record clearance,

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

*8. Discussed the COVID-19 Mitigation Plan & PIN emailed*

**NAME OF LICENSING PROGRAM MANAGER:** Jude De La Concepcion

**NAME OF LICENSING PROGRAM ANALYST:** Maria Ejaz

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 11/01/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 11/01/2022

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