

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 502701180
Report Date: 04/22/2022
Date Signed: 04/22/2022 10:29:30 AM

Document Has Been Signed on 04/22/2022 10:29 AM - It Cannot Be Edited

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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 | |

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|------------------------------------|----------------------------|
| FACILITY NAME: COGIR OF TURLOCK | FACILITY NUMBER: 502701180 |
| ADMINISTRATOR: MONTELLANO, ANTHONY | FACILITY TYPE: 740 |
| ADDRESS: 3791 CROWELL ROAD | TELEPHONE: (209) 664-9500 |
| CITY: TURLOCK | STATE: CA |
| CAPACITY: 100 | ZIP CODE: 95382 |
| TYPE OF VISIT: Office | CENSUS: 04/22/2022 |
| MET WITH: Janet Johns | ANNOUNCED |
| | DATE: 04/22/2022 |
| | TIME BEGAN: 09:58 AM |
| | TIME COMPLETED: 10:21 AM |

| NARRATIVE | |
|-----------|---|
| 1 | Facility Type: Residential Care Facility for the Elderly |
| 2 | Application Type: Change of ownership |
| 3 | Capacity: 100 |
| 4 | Census (if any clients in care): 75 |
| 5 | COMP II Participants: Janet Johns |
| 6 | Interview Method: Telephone interview |
| 7 | On April 22, 2022, applicant/administrator participated in COMP II. Identification of |
| 8 | the applicant and administrator was verified through interview questions based on |
| 9 | photo ID and other identifying personal information. During COMP II, applicant and |
| 10 | administrator confirmed the understanding of the California Code Title 22 |
| 11 | Regulations. Signed LIC 809 with copy of photo ID have been obtained. |
| 12 | During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of |
| 13 | following areas: |
| 14 | 1. Facility operation: License type, client/resident populations, and program |
| 15 | 2. Admission Policies |
| 16 | 3. Staffing requirements & Training |
| 17 | 4. Restrictive/Prohibited Health Conditions |
| 18 | 5. General provisions |
| 19 | 6. Emergency Preparedness |
| 20 | 7. Complaints & Reporting |
| 21 | 8. Pre-licensing readiness |
| 22 | |
| 23 | |
| 24 | |
| 25 | |

NAME OF LICENSING PROGRAM MANAGER: Jude De La Concepcion
NAME OF LICENSING PROGRAM ANALYST: Bethany Hunter

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/22/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/22/2022

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