

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 502701239

Report Date: 02/17/2023

Date Signed: 02/17/2023 04:04:19 PM

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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:	BRIGHTER LIVING	FACILITY NUMBER:	502701239
ADMINISTRATOR:	TURPO, PAULA ALICIA	FACILITY TYPE:	740
ADDRESS:	3932 FELTON WAY	TELEPHONE:	(510) 735-4057
CITY:	MODESTO	STATE:	CA
CAPACITY:	6	CENSUS:	0
TYPE OF VISIT:	Office	ANNOUNCED	
MET WITH:	Administrator/Licensee Paula A. Turpo	DATE:	02/17/2023
		TIME BEGAN:	02:00 PM
		TIME	
		COMPLETED:	02:30 PM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: Initial
3	Capacity: 6
4	Census (if any clients in care): 0
5	COMP II Participants: Administrator/Licensee Paula A. Turpo
6	Interview Method: Telephone interview
7	On 2/17/2023, applicant/administrator participated in COMP II.
8	Identification of the applicant and administrator was verified through
9	interview questions based on photo ID and other identifying personal
10	information. During COMP II, applicant and administrator confirmed that
11	they have read and understand community care facility licensing laws included
12	in the Health and Safety Codes and the California Code of Regulations Title
13	22. Signed LIC 809 with copy of photo ID have been obtained.
14	During COMP II, CAB analyst confirmed Applicant/Administrator's
15	understanding of following areas:
16	1. Facility operation: License type, client/resident populations, and program
17	2. Admission Policies
18	3. Staffing requirements & Training
19	4. Restrictive/Prohibited Health Conditions
20	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: Marisa Holabird

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/17/2023

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/17/2023

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