

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 502701293

Report Date: 08/01/2023

Date Signed: 08/01/2023 02:11:37 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: LORILIE'S CARING HEART		FACILITY NUMBER:	502701293
ADMINISTRATOR: MANALOTO		FACILITY TYPE:	740
ADDRESS: 3109 WATERBURY COURT		TELEPHONE:	(408) 991-5883
CITY: MODESTO	STATE: CA	ZIP CODE:	95350
CAPACITY: 6	CENSUS:	DATE:	08/01/2023
TYPE OF VISIT: Office	ANNOUNCED	TIME BEGAN:	02:00 PM
MET WITH:		TIME COMPLETED:	02:10 PM
NARRATIVE			
1	COMP II by CAB successfully completed		
2			
3			
4	Facility Type: RCFE		
5	Application Type: CHOW		
6	Capacity: 6		
7	Census (if any clients in care): 0		
8	Method: Telephone call with CAB		
9	COMP II Participants: Lorilie's Caring Heart, Administrator/Owner; Shannon Betker,		
10	analyst.		
11	Applicant/administrator participated in COMP II at CAB via telephone call with		
12	analyst at CAB. Identification of the applicant and administrator was verified by		
13	confirming driver's license number. During COMP II, applicant and administrator		
14	confirmed the understanding of Title 22. Component II was successfully completed.		
15	Applicant and administrator were advised to email/fax signed LIC 809 with copy of		
16	photo ID to CAB.		
17			
18	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of		
19	following areas:		
20			
21	1. Facility operation: License type, client/resident populations, and program		
22	2. Staff qualifications and responsibilities		
23	3. Staff training		
24	4. Applicant and Administrator qualifications		
25	5. Grievances, Complaints, Community resources		
	6. Food service		

7. Medication management

8. Application document review and technical assistance: Pre-licensing inspection

NAME OF LICENSING PROGRAM MANAGER: Jude De La Concepcion

NAME OF LICENSING PROGRAM ANALYST: Shannon Betker

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/01/2023

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/01/2023

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