

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 052700992

Report Date: 03/19/2021

Date Signed: 03/19/2021 10:18:07 AM

Document Has Been Signed on 03/19/2021 10:18 AM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 744 P STREET, MS 8-3-91 SACRAMENTO, CA 95814	
FACILITY EVALUATION REPORT			
FACILITY NAME: FOOTHILL VILLAGE SENIOR LIVING		FACILITY NUMBER:	052700992
ADMINISTRATOR:BITLER, MAUREEN H.		FACILITY TYPE:	740
ADDRESS:	1400 FOOTHILL VILLAGE DRIVE	TELEPHONE:	(805) 801-0404
CITY:	ANGELS CAMP	STATE: CA	ZIP CODE: 95222
CAPACITY: 78		CENSUS:	DATE: 03/19/2021
TYPE OF VISIT: Office		ANNOUNCED	TIME BEGAN: 10:00 AM
MET WITH: Maureen Hope Bitler and Wyatt Mello		TIME COMPLETED:	10:16 AM
NARRATIVE			
1	Component II completion: Successful		
2			
3	Facility Type: RCFE		
4	Application Type: CHOW		
5	Capacity: 78		
6	Census (if any clients in care): 47		
7	COMP II Participants: Maureen Hope Bitler (Administrator), Wyatt Mello (Applicant/licensee)		
8	Interview Method: Telephone interview		
9			
10	On 3/19/2021, applicant/administrator participated in COMP II. Identification of the applicant and		
11	administrator was verified through interview questions based on photo ID and other identifying personal		
12	information. During COMP II, applicant and administrator confirmed the understanding of the California		
13	Code Title 22 Regulations. Signed LIC 809 with copy of photo ID have been obtained.		
14			
15	During COMP II, CAB analyst confirmed Applicant/Administrator's 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		
21	6. Emergency Preparedness		
22	7. Complaints & Reporting		
23	8. Pre-licensing readiness		
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Mirella Quaranta			
NAME OF LICENSING PROGRAM ANALYST: Susan Nguyen			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/19/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/19/2021

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