

## 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
<b>FACILITY EVALUATION REPORT</b>	

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
CAPACITY:	78	CENSUS:	95222
TYPE OF VISIT:	Office	ANNOUNCED	DATE: 03/19/2021
MET WITH:	Maureen Hope Bitler and Wyatt Mello	TIME BEGAN:	10:00 AM
		TIME	10:16 AM
		COMPLETED:	

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
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10	On 3/19/2021, applicant/administrator participated in COMP II. Identification of the applicant and administrator was verified through interview questions based on photo ID and other identifying personal information. During COMP II, applicant and administrator confirmed the understanding of the California Code Title 22 Regulations. Signed LIC 809 with copy of photo ID have been obtained.
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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.**