

Department of

# SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 565850067

Report Date: 11/16/2020

Date Signed: 11/16/2020 11:23:24 AM

Document Has Been Signed on 11/16/2020 11:23 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: VISTA AT SIMI VALLEY		FACILITY NUMBER: 565850067	
ADMINISTRATOR: UNKNOWN		FACILITY TYPE: 740	
ADDRESS: 1236 ERRIGNER ROAD		TELEPHONE: (530) 242-8300	
CITY: SIMI VALLEY		ZIP CODE: 93065	
CAPACITY: 130		CENSUS: DATE: 11/16/2020	
TYPE OF VISIT: Office		ANNOUNCED TIME BEGAN: 11:00 AM	
MET WITH: DAN ZAHARONI		TIME COMPLETED: 11:22 AM	
CAROL ANN LEROSE			

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: INITIAL
3	Capacity: 130
4	Census (if any clients in care):
5	
6	
7	COMP II by CAB successfully completed
8	
9	Method: Telephone call
10	
11	
12	
13	COMP II Participant: CAROL ANN LEROSE & DAN ZAHARONI
14	
15	
16	<i>Applicant/administrator participated in COMP II via telephone call with the analyst at CAB.</i>
17	<i>Identification of the applicant and administrator was verified by photo ID . During COMP II,</i>
18	<i>applicant and administrator confirmed the understanding of Title 22. Component II was</i>
19	<i>successfully completed.</i>
20	
21	
22	<i>During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of</i>
23	<i>following areas:</i>
24	1. Facility operation: License type, client/resident populations, and program
25	2. Staff qualifications and responsibilities
	3. Applicant and Administrator qualifications
	4. Program policy: Abuse, admission agreement, medication management, reporting incidents to CCL, restricted & prohibited conditions
	5. Grievances, Complaints, Community resources
	6. Physical plant, food service

7. Application document review and technical assistance: Criminal record clearance, Health screening, Fire clearance, First Aid/CPR certificate, Administrator certificate, Financial verification, Pre-licensing inspection, Compliance history, Control of property

**NAME OF LICENSING PROGRAM MANAGER:** Mirella Quaranta

**NAME OF LICENSING PROGRAM ANALYST:** Stefania Fonteno

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 11/16/2020

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 11/16/2020

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