

Department of

# SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 565850141

Report Date: 05/07/2021

Date Signed: 05/07/2021 04:39:21 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 8-3-91 SACRAMENTO, CA 95814
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: AEGIS LIVING VENTURA	FACILITY NUMBER: 565850141
ADMINISTRATOR: EL-RABAA, SAM	FACILITY TYPE: 740
ADDRESS: 4964 TELEGRAPH ROAD	TELEPHONE: (805) 650-1114
CITY: VENTURA	STATE: CA
CAPACITY: 100	ZIP CODE: 93003
TYPE OF VISIT: Office	CENSUS: ANNOUNCED
MET WITH: De La Cerda, Ana & El-Rabaa, Sam	DATE: 05/07/2021
	TIME BEGAN: 10:00 AM
	TIME COMPLETED: 10:30 AM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: CHOW
3	Capacity: 100
4	Method: Telephone call with CAB
5	
6	
7	
8	<i>Applicant / administrator participated in COMP II via telephone call with the analyst at</i>
9	<i>CAB. Identification of the applicant and administrator was verified by correctly</i>
10	<i>answering identity verification question. During COMP II, applicant and administrator</i>
11	<i>confirmed the understanding of Title 22. Component II was successfully completed.</i>
12	<i>Applicant has been advised to transmit signed LIC 809 with copy of photo ID to CAB.</i>
13	
14	
15	
16	<i>During COMP II, CAB analyst confirmed Applicant / Administrator's understanding of</i>
17	<i>following areas:</i>
18	
19	<i>1. Facility operation: License type, client / resident populations, and program</i>
20	<i>2. Staff qualifications and responsibilities</i>
21	<i>3. Applicant and Administrator qualifications</i>
22	<i>4. Program policy: Abuse, admission agreement, medication management, reporting</i>
23	<i>incidents to CCL, restricted &amp; prohibited conditions</i>
24	<i>5. Grievances, Complaints, Community resources</i>
25	<i>6. Physical plant, food service</i>
	<i>7. Application document review and technical assistance: Criminal record clearance,</i>

*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:** Julia Kim  
**NAME OF LICENSING PROGRAM ANALYST:** Nicole Rouse  
**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 05/07/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 05/07/2021

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