

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 565850307

Report Date: 01/26/2023

Date Signed: 01/26/2023 09:58:16 AM

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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: CONEJO VALLEY HOME CARE	FACILITY NUMBER: 565850307
ADMINISTRATOR: FITZGERALD, KEVIN	FACILITY TYPE: 740
ADDRESS: 2476 DRAYTON AVE	TELEPHONE: (805) 558-2023
CITY: THOUSAND OAKS STATE: CA	ZIP CODE: 91360
CAPACITY: 6 CENSUS:	DATE: 01/26/2023
TYPE OF VISIT: Office ANNOUNCED	TIME BEGAN: 09:30 AM
MET WITH: Met with Administrator/Corp Member Kevin Fitzgerald	TIME COMPLETED: 10:00 AM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: Initial
3	Capacity: 6
4	Census (if any clients in care): None
5	COMP II Participants: Kevin Fitzgerald, Administrator/ Corp Member
6	Interview Method: Telephone interview
7	
8	On 1/26/2023, applicant/administrator participated in COMP II.
9	Identification of the applicant and administrator was verified through
10	interview questions based on photo ID and other identifying personal
11	information. During COMP II, applicant and administrator confirmed that
12	they have read and understand community care facility licensing laws included
13	in the Health and Safety Codes and the California Code of Regulations Title
14	22. Signed LIC 809 with copy of photo ID have been obtained.
15	
16	During COMP II, CAB analyst confirmed Applicant/Administrator's
17	understanding of following areas:
18	1. Facility operation: License type, client/resident populations, and program
19	2. Admission Policies
20	3. Staffing requirements & Training
21	4. Restrictive/Prohibited Health Conditions
22	5. General provisions
23	
24	
25	

- 6. Emergency Preparedness
- 7. Complaints & Reporting
- 8. Pre-licensing readiness

NAME OF LICENSING PROGRAM MANAGER: Jude De La Concepcion

NAME OF LICENSING PROGRAM ANALYST: Marisa Holabird

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/26/2023

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/26/2023

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