

Department of

# SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

Facility Number: 567610007

Report Date: 04/21/2021

Date Signed: 04/21/2021 10:19:39 AM

**Document Has Been Signed on 04/21/2021 10:19 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: VARENITA OF SIMI VALLEY		FACILITY NUMBER: 567610007	
ADMINISTRATOR: ANDERSON, DANA		FACILITY TYPE: 740	
ADDRESS: 3921 COCHRAN STREET		TELEPHONE: (805) 327-1100	
CITY: SIMI VALLEY		ZIP CODE: 93063	
CAPACITY: 110		DATE: 04/21/2021	
TYPE OF VISIT: Office		ANNOUNCED TIME BEGAN: 10:00 AM	
MET WITH: Margie Veis		TIME COMPLETED: 10:18 AM	
<b>NARRATIVE</b>			
1	Facility Type: Residential Care Facility for the Elderly with dementia care		
2	Application Type: Initial, new construction		
3	Applicant/administrator participated in COMP II via call with analyst at CAB.		
4	Identification of the applicant and administrator was verified. During COMP II,		
5	applicant and administrator confirmed the understanding of Title 22. Component II		
6	was successfully completed. Applicant and administrator were advised to email/fax		
7	signed LIC 809 with copy of photo ID to CAB.		
8	During COMP II, CAB analyst confirmed Applicant/administrator's understanding of		
9	following areas:		
10	1.Facility operation: License type, client/resident populations, and program		
11	2.Staff qualifications and responsibilities		
12	3.Applicant and Administrator qualifications		
13	4.Program policy: Abuse, admission agreement, medication management, reporting		
14	incidents to CCL, restricted & prohibited conditions		
15	5.Grievances, Complaints, Community resources		
16	6.Physical plant, food service		
17	7.Application document review and technical assistance: Criminal record clearance,		
18	Health screening, Fire clearance, First Aid/CPR certificate, Administrator certificate,		
19	Financial verification, Pre-licensing inspection, Compliance history, Control of		
20	property		
21			
22			
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Jude De La Concepcion			
NAME OF LICENSING PROGRAM ANALYST: Bethany Hunter			

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 04/21/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 04/21/2021

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