

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
FACILITY EVALUATION REPORT	

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	STATE: CA ZIP CODE: 93063
CAPACITY: 110	CENSUS: 0 DATE: 04/21/2021
TYPE OF VISIT: Office	ANNOUNCED TIME BEGAN: 10:00 AM
MET WITH: Margie Veis	TIME COMPLETED: 10:18 AM

NARRATIVE	
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
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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.