

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 576804173  
Report Date: 07/15/2024  
Date Signed: 07/15/2024 12:03:22 PM

Document Has Been Signed on 07/15/2024 12:03 PM - 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 9-14-8201 SACRAMENTO, CA 95814	
<b>FACILITY EVALUATION REPORT</b>			
FACILITY NAME: GRAND RIVER VILLA	FACILITY NUMBER:	576804173	
ADMINISTRATOR/PAZ, DIANA	FACILITY TYPE:	740	
DIRECTOR:	TELEPHONE:	(916) 373-1591	
ADDRESS: 509 MICHIGAN BLVD	ZIP CODE:	95691	
CITY: WEST SACRAMENTO	STATE: CA		
CAPACITY: 43	CENSUS:	DATE: 07/15/2024	
TYPE OF VISIT: Office	ANNOUNCED	TIME VISIT/INSPECTION	11:15 AM
		BEGAN:	
MET WITH: Diana Paz & Mark Cimino		TIME VISIT/INSPECTION	11:35 AM
		COMPLETED:	

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: CHOW
3	Capacity: 43
4	Census (if any clients in care): 27
5	COMP II Participants: Diana Paz, admin; Mark Cimino, member
6	Interview Method: Telephone interview
7	
8	
9	
10	On July 15, 2024, applicant/administrator participated in COMP II. Identification of the
11	applicant and administrator was verified through interview questions based on photo ID and
12	other identifying personal information. During COMP II, applicant and administrator
13	confirmed that they have read and understand community care facility licensing laws
14	included in the Health and Safety Codes and the California Code of Regulations Title 22.
15	Signed LIC 809 with copy of photo ID have been obtained.
16	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
17	following areas:
18	
19	
20	1. Facility operation: License type, client/resident populations, and program
21	
22	2. Medication Storage; locations of meds, fire drills
23	
24	
25	3. Transportation; filling current vacancies

4. Pre Licensing inspection readiness

**NAME OF LICENSING PROGRAM MANAGER:** Julia Kim  
**NAME OF LICENSING PROGRAM ANALYST:** Dianne Ramos  
**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 07/15/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 07/15/2024

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