

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079201165

Report Date: 05/05/2022

Date Signed: 05/05/2022 02:16:09 PM

Document Has Been Signed on 05/05/2022 02:16 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
FACILITY EVALUATION REPORT	
FACILITY NAME: MERRILL GARDENS AT BRENTWOOD	FACILITY NUMBER: 079201165
ADMINISTRATOR: SHIELDS, JERYL	FACILITY TYPE: 740
ADDRESS: 2600 BALFOUR RD	TELEPHONE: (925) 297-6841
CITY: BRENTWOOD	STATE: CA ZIP CODE: 94513
CAPACITY: 150	CENSUS: DATE: 05/05/2022
TYPE OF VISIT: Office	ANNOUNCED TIME BEGAN: 02:00 PM
MET WITH:	TIME COMPLETED: 02:14 PM

NARRATIVE	
1	\COMP II by CAB successfully completed
2	
3	
4	Facility Type: RCFE
5	Application Type: Initial
6	Capacity: 150
7	Census (if any clients in care): 0
8	Method: Telephone call with CAB
9	COMP II Participants: Jeryl Shields, Administrator/Managing Member; Shannon
10	Betker, analyst.
11	Applicant/administrator participated in COMP II at CAB via telephone call with
12	analyst at CAB. Identification of the applicant and administrator was verified by
13	confirming driver's license number. During COMP II, applicant and administrator
14	confirmed the understanding of Title 22. Component II was successfully completed.
15	Applicant and administrator were advised to email/fax signed LIC 809 with copy of
16	photo ID to CAB.
17	
18	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
19	following areas:
20	
21	1. Facility operation: License type, client/resident populations, and program
22	2. Staff qualifications and responsibilities
23	3. Staff training
24	4. Applicant and Administrator qualifications
25	5. Grievances, Complaints, Community resources
	6. Food service

7. Medication management

8. Application document review and technical assistance: Pre-licensing inspection

NAME OF LICENSING PROGRAM MANAGER: Jude De La Concepcion

NAME OF LICENSING PROGRAM ANALYST: Shannon Betker

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/05/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/05/2022

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