

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 097003441
Report Date: 09/29/2021
Date Signed: 09/30/2021 06:17:27 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, 520 COHASSET RD., STE. 170 CHICO, CA 95926
FACILITY EVALUATION REPORT	

FACILITY NAME: HILLCREST CARE	FACILITY NUMBER: 097003441
ADMINISTRATOR: PEREZ, ANGELITA	FACILITY TYPE: 740
ADDRESS: 971 BIG SUR COURT	TELEPHONE: (916) 941-1358
CITY: EL DORADO HILLS	STATE: CA
CAPACITY: 6	ZIP CODE: 95762
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
MET WITH: Angelita Perez	DATE: 09/29/2021
	UNANNOUNCED TIME BEGAN: 01:00 PM
	TIME COMPLETED: 02:30 PM

NARRATIVE	
1	Unannounced annual visit utilizing the infection control domain was performed by LPA
2	Michael Smith. Contact with Angelita Perez, Licensee / Administrator.
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5	A review of staff records on 9/29/21 indicates that all facility staff and other individuals who
6	require caregiver background checks have received criminal record clearances.
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8	As a result of this visit, there were no deficiencies. However, 2 technical violations were
9	issued.
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12	Exit interview conducted.
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NAME OF LICENSING PROGRAM MANAGER: Laura Munoz NAME OF LICENSING PROGRAM ANALYST: Michael Smith

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/29/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/29/2021

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