

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 397005597
Report Date: 11/02/2016
Date Signed 11/02/2016 11:45:44 AM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 2525 NATOMAS PARK DR., STE 270 SACRAMENTO, CA 95833	
FACILITY EVALUATION REPORT			
FACILITY NAME:	[REDACTED]	FACILITY NUMBER:	397005597
ADMINISTRATOR:	[REDACTED]	FACILITY TYPE:	740
ADDRESS:	[REDACTED]	TELEPHONE:	(209) 323-5160
CITY:	[REDACTED]	ZIP CODE:	95231
CAPACITY:	30	DATE:	11/02/2016
TYPE OF VISIT:	Office	UNANNOUNCED TIME BEGAN:	09:30 AM
MET WITH:	[REDACTED]	TIME COMPLETED:	12:00 PM

NARRATIVE	
1	Department of Social Services requested an INFORMAL MEETING with Licensee regarding the audit
2	findings. Those who were in attendance are the following:
3	[REDACTED], CEO; [REDACTED], Administrator; [REDACTED], Regional
4	Manager; [REDACTED], Licensing Program Manager; [REDACTED], Licensing
5	Program Analyst; [REDACTED] Auditor; [REDACTED], Supervising Auditor
6	[REDACTED] reviewed the audit documents and items to be submitted to CCL. Licensee is
7	encouraged to contact Audit and LPA for assistance if needed.
8	
9	
10	Licensee agreed to do the following in order to bring the facility into compliance:
11	
12	Submit monthly bank statements for the next 3 months beginning with October 2016
13	Submit February 2017 PG&E statement indicating the rears is paid in full unless paid
14	off sooner.
15	Submit 12 month budget projection.
16	Submit quarterly financial statements such as LIC401 & LIC403.
17	Please maintain documentation that the food guidelines are followed. An example of
18	that would be approximately \$158.00 for each resident.
19	Licensee also agreed to create Quality Assurance Checklists, look into possible
20	membership of Organizations as a resource, and research Program assistance for
21	financial records (example Quikbooks). The documents requested are due to CCL
22	by November 30, 2016.
23	Regional Manager [REDACTED] closed out the meeting by reiterating the documents
24	to be submitted.
25	

SUPERVISOR'S NAME: [REDACTED]	TELEPHONE: (510) 286-0518
LICENSING EVALUATOR NAME: [REDACTED]	TELEPHONE: (209) 202-9553
LICENSING EVALUATOR SIGNATURE:	DATE: 11/02/2016
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 11/02/2016