

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
<b>FACILITY EVALUATION REPORT</b>	

<b>FACILITY NAME:</b>		<b>FACILITY NUMBER:</b>	397005597
<b>ADMINISTRATOR:</b>		<b>FACILITY TYPE:</b>	740
<b>ADDRESS:</b>		<b>TELEPHONE:</b>	(209) 323-5160
<b>CITY:</b>		<b>ZIP CODE:</b>	95231
<b>CAPACITY:</b>	30	<b>DATE:</b>	11/02/2016
<b>TYPE OF VISIT:</b>	Office	<b>TIME BEGAN:</b>	09:30 AM
<b>MET WITH:</b>		<b>TIME COMPLETED:</b>	12:00 PM
<b>STATE:</b> CA	<b>CENSUS:</b> 22	<b>UNANNOUNCED</b>	

**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 [REDACTED]  
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  
16 Submit 12 month budget projection.  
17 Submit quarterly financial statements such as LIC401 & LIC403.  
18 Please maintain documentation that the food guidelines are followed. An example of  
19 that would be approximately \$158.00 for each resident.  
20  
21 Licensee also agreed to create Quality Assurance Checklists, look into possible  
22 membership of Organizations as a resource, and research Program assistance for  
23 financial records (example Quikbooks). The documents requested are due to CCL  
24 by November 30, 2016.  
25

Regional Manager [REDACTED] closed out the meeting by reiterating the documents  
to be submitted.

**SUPERVISOR'S NAME:** [REDACTED]  
**LICENSING EVALUATOR NAME:** [REDACTED]  
**LICENSING EVALUATOR SIGNATURE:**

**TELEPHONE:** (510) 286-0518  
**TELEPHONE:** (209) 202-9553  
**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

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

LIC809 (FAS) - (06/04)

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