

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610381

Report Date: 02/03/2023

Date Signed: 02/03/2023 04:01:22 PM

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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: RAYWOOD VILLA INC	FACILITY NUMBER: 197610381
ADMINISTRATOR: FONSECA, JASON	FACILITY TYPE: 740
ADDRESS: 42659 RAYWOOD DRIVE	TELEPHONE: (562) 481-6306
CITY: LANCASTER	ZIP CODE: 93536
CAPACITY: 6	DATE: 02/03/2023
TYPE OF VISIT: Office	TIME BEGAN: 03:25 PM
MET WITH: Jason and Therese Fonseca	TIME COMPLETED: 03:49 PM
STATE: CA	
CENSUS: 0	
ANNOUNCED	

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: Initial
3	Capacity: 6
4	Census (if any clients in care): 0
5	COMP II Participants: Jason and Therese Fonseca, Administrator/Licensee
6	Interview Method: Telephone Interview
7	
8	On February 03, 2023, applicant/administrator participated in COMP II.
9	Identification of the applicant and administrator was verified through
10	interview questions based on photo ID and other identifying personal
11	information. During COMP II, applicant and administrator confirmed that
12	they have read and understand community care facility licensing laws included
13	in the Health and Safety Codes and the California Code of Regulations Title
14	22. Signed LIC 809 with copy of photo ID have been obtained.
15	
16	During COMP II, CAB analyst confirmed Applicant/Administrator's
17	understanding of following areas:
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23	

- 24
25
1. Facility operation: License type, client/resident populations, and program
 2. Admission Policies
 3. Staffing requirements & Training
 4. Restrictive/Prohibited Health Conditions
 5. General provisions
 6. Emergency Preparedness
 7. Complaints & Reporting
 8. Pre-licensing readiness

SUPERVISOR'S NAME: Darla Neeley

TELEPHONE: (916) 651-7817

LICENSING EVALUATOR NAME: Diamond Law

TELEPHONE: (916) 617-7083

LICENSING EVALUATOR SIGNATURE:



DATE: 02/03/2023

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/03/2023

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