

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

STATE: CA

CENSUS: 0

ANNOUNCED

TIME COMPLETED: 03:49 PM

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:
18
19
20
21
22
23

24 1. Facility operation: License type, client/resident populations, and program
25 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.