



## State of California

### Department of Social Services

Facility Number: 371881471

Effective Date: 09/13/2023

Total Capacity: 6

In accordance with applicable provisions of the Health and Safety Code of California, and its rules and regulations; the Department of Social Services hereby issues

#### this License to

BELLAHOMECARE LLC

to operate and maintain a

RESIDENTIAL CARE ELDERLY

#### Name of Facility

BELLAHOMECARE II

884 GRETNA GREEN WAY

ESCONDIDO, CA 92025

This License is not transferable and is granted solely upon the following:

AGE RANGE 60 AND OVER. APPROVED FOR FIVE(5) NON-AMBULATORY RESIDENTS IN ROOMS 1 THROUGH 4. ROOM #5 IS APPROVED FOR ONE(1) AMBULATORY ONLY RESIDENT. ROOM #6 IS FOR STAFF USE ONLY. HOSPICE WAIVER APPROVED FOR SIX(6) RESIDENTS.

Client Groups Served:


RCFE / DEMENTIA

Complaints regarding services provided in this facility should be directed to:

CCLD Regional Office

(916) 657-2600

Kevin Gaines  
Deputy Director,  
Community Care Licensing Division

  
Authorized Representative of Licensing Agency