



State of California

Department of Health Care Services

License and Certification

In accordance with applicable provisions of the Health and Safety Code of California and its rules and regulations, the Department of Health Care Services hereby licenses and certifies:

PROGRESS HOUSE, INC.

to operate and maintain a non-medical adult residential alcohol and/or drug program using the following name and location:

**PROGRESS HOUSE MEN'S FACILITY II
5607 MOUNT MURPHY ROAD
GARDEN VALLEY, CALIFORNIA 95633**

This license and certification extends to the following services:

RECOVERY AND TREATMENT SERVICES

**DHCS Provisional Level of Care Designation(s)
3.1 Clinically Managed Low-Intensity Residential Services**

Limitations or conditions are listed as follows:

Treatment/Recovery Capacity: 20

Total Occupancy including 2 staff for location is limited to: 22

MALES ONLY

**License and Certification Number:
090002BN**

**Effective Date: 06/01/2022
Expiration Date: 05/31/2024**

JANELLE ITO-ORILLE, Division Chief

Complaints regarding services provided in this facility should be directed to:
Licensing and Certification Division

Complaints Coordinator, Complaints Section, MS 2601
Post Office Box 997413, Sacramento, California 95899-7413

(877) 685-8333/(916) 322-2911 or FAX: (916) 440-5094 E-mail: SUDComplaints@dhcs.ca.gov

Post in a prominent location. This License and Certification is not transferable.



State of California
Department of Health Care Services
Certification

In accordance with applicable provisions of the Health and Safety Code of California and its rules, regulations, and standards, the Department of Health Care Services hereby certifies:

PROGRESS HOUSE, INC.

to operate and maintain an alcohol and/or other drug program using the following name and location:

PROGRESS HOUSE OUTPATIENT SERVICES
2844 COLOMA STREET
PLACERVILLE, CALIFORNIA 95667

This certification extends to the following level of alcohol and/or other drug program services:

OUTPATIENT SERVICES

Certification Number:
090002CN

Effective Date: 06/01/2022
Expiration Date: 05/31/2024



JANELLE ITO-ORILLE, Division Chief

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State of California
 Department of Health Care Services
License and Certification

In accordance with applicable provisions of the Health and Safety Code of California and its rules and regulations, the Department of Health Care Services (DHCS) hereby licenses and certifies:

PROGRESS HOUSE, INC.

to operate and maintain a non-medical adult residential alcohol and/or drug program using the following name and location:

**PROGRESS HOUSE MEN'S FACILITY
 838 BEACH COURT
 LOTUS, CALIFORNIA 95651**

This license and certification extends to the following services:

RECOVERY AND TREATMENT SERVICES

DHCS Provisional Level of Care Designation

3.1 Clinically Managed Low-Intensity Residential Services

Limitations or conditions are listed as follows:

Treatment/Recovery Capacity: 24

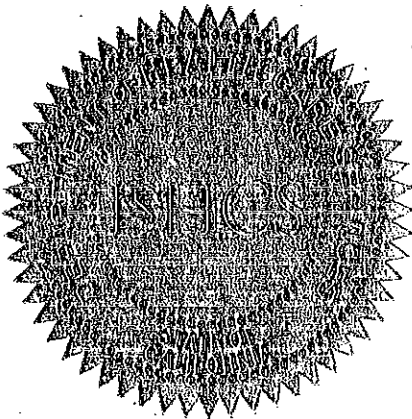
Total Occupancy for location is limited to: 26

MALES ONLY

**License and Certification Number:
 090002AN**

**Effective Date: 06/01/2022
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JANELLE ITO-ORILLE, Division Chief



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License and Certification

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PROGRESS HOUSE, INC.

to operate and maintain a non-medical adult residential alcohol and/or drug program using the following name and location:

**PROGRESS HOUSE PERINATAL FACILITY
5494 PONY EXPRESS TRAIL, HOUSE 1, 2, 3, 4 AND 5
CAMINO, CALIFORNIA 95709**

This license and certification extends to the following services:

RECOVERY AND TREATMENT SERVICES

DHCS Provisional Level of Care Designation

3.1 Clinically Managed Low-Intensity Residential Services

Limitations or conditions are listed as follows:

Treatment/Recovery Capacity: 16

Number of Dependent Children of Residents is limited to: 12

Treatment/Recovery Capacity for House 2 is limited to: 6

Total Occupancy for House 2 which includes up to 4 dependent children of residents and 1 staff and dependent child is: 12

Treatment/Recovery Capacity for House 3 is limited to: 5

Total Occupancy for House 3 which includes up to 4 dependent children of residents and 1 staff is: 11

Treatment/Recovery Capacity for House 4 is limited to: 5

Total Occupancy for House 4 which includes up to 4 dependent children of residents is: 9

House 1 is for office, group room and kitchen use only

House 5 is for office use only

Total Occupancy for this location is limited to: 32

FEMALES ONLY

License and Certification Number: 090002FN

Effective Date: 06/01/2022

Expiration Date: 05/31/2024

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