



# State of California

## Department of Social Services

Facility Number: 198602400

Effective Date: 12/30/2016

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**

**GOODEN CENTER, THE**

**to operate and maintain a**

**SOCIAL REHABILITATION FACILITY**

**Name of Facility**

**GOODEN RESIDENTIAL WELLNESS**

**CENTER, THE**

**378 N EL MOLINO AVE**

**PASADENA, CA 91101**

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

**TRANSITIONAL RESIDENTIAL PROGRAM 6 AMBULATORY**

**Client Groups Served:**

**ADULTS**

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

**CCLD Regional Office**

**(818) 596-4334**

**Pamela Dickfoss  
Deputy Director,  
Community Care Licensing Division**

  
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**Authorized Representative of Licensing Agency**