

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 015601233

Report Date: 04/22/2022

Date Signed: 04/22/2022 01:39:40 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, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612	
FACILITY EVALUATION REPORT			
FACILITY NAME: BLESSING HOME		FACILITY NUMBER:	015601233
ADMINISTRATOR: GHITA, ZEPELIN		FACILITY TYPE:	740
ADDRESS: 5195 PROCTOR ROAD		TELEPHONE:	(510) 909-2133
CITY: CASTRO VALLEY	STATE: CA	ZIP CODE:	94546
CAPACITY: 6	CENSUS: 4	DATE:	04/22/2022
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME BEGAN:	12:40 PM
MET WITH: Elena Ghita, Administrator		TIME COMPLETED:	01:55 PM
NARRATIVE			
1	On 4/22/2022 starting at 12:40 p.m., Licensing Program Analysts (LPAs) C. Lin and K. Nguyen arrived		
2	unannounced to conduct Infection Control Inspection. LPAs met with Administrator Elena Ghita and		
3	disclosed the purpose of the visit.		
4			
5	Upon entry, LPAs' temperature was checked by the administrator, asked Covid symptom questions, and		
6	requested to wash hands. LPAs toured facility including but not limited to front entrance, screening		
7	station, hand washing stations, bedrooms, bathrooms, kitchen, common areas, and outdoor areas.		
8	There is one central entry point for universal screening for staff, residents, and visitors. A sign-in policy,		
9	thermometer and hand sanitizer were observed at screening station. Hand washing posters were		
10	observed. Facility staff were observed to be wearing proper PPE.		
11			
12	Facility has a sufficient 2-day perishable and one-week non-perishable food supply. Facility has a 30-		
13	day supply of PPEs maintained at central location and easily accessible for staff. Facility has Mitigation		
14	Plan, Emergency Disaster Plan, and maintains record of routine screening for residents, staff, and		
15	visitors.		
16			
17	No deficiency cited during visit. Exit interview conducted with Administrator, and a copy of this report		
18	provided.		
19			
20			
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25			
NAME OF LICENSING PROGRAM MANAGER: Bennett Fong			
NAME OF LICENSING PROGRAM ANALYST: Catherine Lin			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/22/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/22/2022

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