

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 015601233

Report Date: 03/06/2025

Date Signed: 03/06/2025 02:23:20 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION OAKLAND ASC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME: BLESSING HOME	FACILITY NUMBER: 015601233
ADMINISTRATOR/GHITA, ZEPELIN DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 5195 PROCTOR ROAD	TELEPHONE: (510) 909-2133
CITY: CASTRO VALLEY	STATE: CA
CAPACITY: 6	ZIP CODE: 94546
TYPE OF VISIT: Required - 1 Year	CENSUS: 4
	DATE: 03/06/2025
	UNANNOUNCED TIME VISIT/ INSPECTION 12:35 PM
MET WITH: Zepelin Ghita, Administrator	BEGAN: TIME VISIT/ INSPECTION 02:45 PM
	COMPLETED:

NARRATIVE	
1	On 03/06/2025 at 12:35 PM, Licensing Program Analyst (LPA) Ardalan Gharachorloo arrived
2	unannounced to conduct 1-Year Annual Required inspection. LPA met with Administrator, Zepelin Ghita
3	and explained the purpose of the visit.
4	
5	LPA toured facility including but not limited to 5 bedrooms, 3 bathrooms, kitchen, common area and
6	backyard. All outdoor and indoor passageways are kept free of obstruction. A comfortable temperature is
7	maintained at 71 degrees Fahrenheit. LPA observed lighting in all rooms are adequate for the comfort
8	and safety of the residents. The hot water temperature in the residents' shared bathroom was measured
9	at 114 degrees Fahrenheit. Residents' bathrooms are equipped with grab bars and non-skid mats. There
10	is a minimum of one week supply of non-perishable and 2 day of perishable foods. Centrally stored
11	medication and sharps were locked and inaccessible to residents.
12	
13	Smoke detectors and carbon monoxide detectors were in operating condition during visit. Fire
14	extinguisher was last serviced on 03/06/2025. Emergency Disaster Plan was observed. First aid kit was
15	observed to be complete. Emergency disaster drill was last conducted on 03/06/2025.
16	
17	LPA reviewed 4 residents records and 3 staff records; all were complete. LPA also reviewed a sample of
18	resident's medications. The following the documents were reviewed during the visit: LIC 500 Personnel
19	Report
20	LIC 610E Emergency Disaster Plan, Liability Insurance, and Current Administrator's Certificate.
21	
22	
23	No deficiencies cited during visit. Exit interview conducted and a copy of this report provided.
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios

NAME OF LICENSING PROGRAM ANALYST: Ardalan Gharachorloo

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/06/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/06/2025

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