

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 015601482
Report Date: 12/10/2024
Date Signed: 12/10/2024 03:01:39 PM

Document Has Been Signed on 12/10/2024 03:01 PM - It Cannot Be Edited

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:	BLOSSOM GARDEN SENIOR HOME	FACILITY NUMBER:	015601482
ADMINISTRATOR/HYESUS, FEKERTE DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	21307 WESTERN BLVD	TELEPHONE:	(510) 363-8566
CITY:	HAYWARD	STATE: CA	ZIP CODE: 94541
CAPACITY: 9		CENSUS: 7	DATE: 12/10/2024
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	BEGAN: 10:25 AM
MET WITH:	Fekerte Hyesus, Licensee	TIME VISIT/ INSPECTION	COMPLETED: 03:05 PM

NARRATIVE	
1	On 12/10/2024 at 10:25 AM, Licensing Program Analyst (LPA) Ardalan Gharachorloo arrived
2	unannounced to conduct 1-Year Annual Required inspection. LPA met with Administrator and Licensee,
3	Fekerte Hyesus and explained the purpose of the visit.
4	
5	At 11:05 AM, LPA toured facility including but not limited to bedrooms, bathrooms, kitchen, common area
6	and backyard. All outdoor and indoor passageways are kept free of obstruction. There are no bodies of
7	water observed. The temperature inside the facility is maintained at 68 degrees Fahrenheit. LPA
8	observed lighting in all rooms are adequate for the comfort and safety of the residents. The hot water
9	temperature in the residents' shared bathroom was measured at 109.6 degrees Fahrenheit. Residents'
10	bathrooms are equipped with grab bars and non-skid mats. There is a minimum of one week supply of
11	non-perishable and 2 day of perishable foods. Centrally stored medication and sharps were locked and
12	inaccessible to residents.
13	
14	Smoke detectors and carbon monoxide detectors were in operating condition during visit. Fire
15	extinguisher was last serviced on 03/22/2024. Emergency Disaster Plan was posted visibly on the
16	wall. First aid kit was observed to be complete. Emergency disaster drill was last conducted on
17	09/16/2024.
18	
19	At 12:25 PM, LPA reviewed 5 residents records and 5 staff records; all were complete. At 1:10 PM, LPA
20	also reviewed a sample of resident's medications. The following documents were requested and
21	observed during the inspection: LIC 500 Personnel Report, LIC 610E Emergency Disaster Plan, Copy of
22	the Liability Insurance, and Current Administrator's Certificate.
23	
24	
25	No deficiencies cited during visit. Exit interview conducted and a copy of this report provided.

NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios

NAME OF LICENSING PROGRAM ANALYST: Ardalan Gharachorloo

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/10/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/10/2024

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