

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 015601483
Report Date: 03/15/2021
Date Signed: 03/15/2021 05:11:15 PM

Document Has Been Signed on 03/15/2021 05:11 PM - It Cannot Be Edited

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: ST. LOURDES HOME	FACILITY NUMBER: 015601483
ADMINISTRATOR: BALINTONA, JUSTINO	FACILITY TYPE: 740
ADDRESS: 1626 ASHBURY LANE	TELEPHONE: (510) 265-0818
CITY: HAYWARD	STATE: CA
CAPACITY: 6	ZIP CODE: 94545
TYPE OF VISIT: Case Management - Other	CENSUS: 5
MET WITH: Justino Balintona/Licensee-Administrator	DATE: 03/15/2021
	UNANNOUNCED TIME BEGAN: 02:25 PM
	TIME COMPLETED: 05:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Delmundo called and spoke with Justino Balitona, licensee-
2	administrator to follow-up on the information LPA received. LPA informed Mr. Balintona the purpose of
3	call.
4	
5	LPA received an SOC341 on March 13, 2021. Document indicated that when staff take resident (R1) to
6	get his medications, one of the medication has been taken. R1's family member have expressed
7	concerns that an individual (whom R1 knows) is taking financial advantage of R1 and has attempted to
8	become R1's caretaker.
9	
10	On this day, LPA conducted interviews. LPA requested Mr. Balintona to submit the following documents
11	by Wednesday, March 17th:
12	1. LIC601 Identification and Emergency Information
13	2. Admission Agreement
14	3. LIC602A Physician's Report
15	4. Copy of doctor's order of medications
16	5. House Rules
17	
18	Exit interview conducted and copy of report provided via email.
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25	

NAME OF LICENSING PROGRAM MANAGER: Isaac Taggart NAME OF LICENSING PROGRAM ANALYST: Alicia Delmundo
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LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/15/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/15/2021

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