

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 019200721
Report Date: 07/01/2025
Date Signed: 07/01/2025 04:24:07 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: BELMONT VILLAGE ALBANY	FACILITY NUMBER: 019200721
ADMINISTRATOR/JESUS GONZALEZ CAMARILLO	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 1100 SAN PABLO AVE	TELEPHONE: (510) 525-4554
CITY: ALBANY	STATE: CA
CAPACITY: 225	ZIP CODE: 94706
TYPE OF VISIT: Required - 1 Year	CENSUS: 176
	ANNOUNCED
	DATE: 07/01/2025
	TIME VISIT/INSPECTION BEGAN: 10:00 AM
	TIME VISIT/INSPECTION COMPLETED: 04:45 PM
MET WITH: Jesus Gonzalez, Executive Director	

NARRATIVE	
1	On 07/03/2024 around 10:00 AM, Licensing Program Analysts (LPA) L. Holmes and L. Alexander arrived
2	announced to conduct a required annual inspection. LPAs met with Jesus Gonzalez, Executive Director
3	and explained the purpose of the visit. The facility's fire clearance was approved for 225 non-
4	ambulatory, 50 may be bedridden and 20 are approved for hospice waivers.
5	
6	Upon entry and during the visit, residents were lounging in the facility including but not limited to the
7	common areas, bistro, dining area and courtyard area. Residents reside in individual apartments and
8	the facility's room temperature was measured at 70 degrees Fahrenheit (F). The hot water temperature
9	was 112 degrees F; there are censored faucets in the residents' shared bathrooms. The facility has a
10	central medication room that remains locked. First Aid kits were stored throughout the facility.
11	Smoke/carbon monoxide detectors are combined with sprinkler system. Fire extinguisher was last
12	serviced on 04/05/2025. Fire drills are performed monthly and an annual evacuation is performed in
13	conjunction with the local police department. Lunch was served while at the facility. There was adequate
14	lighting throughout the facility. Indoor and outdoor passages were free of obstruction. Emergency
15	Disaster Drill was conducted on 06/12/2025.
16	
17	LPA reviewed seven (7) resident records and 5 staff records including admission agreements and
18	clinical files.
19	
20	Continued on LIC 809C...
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NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios

NAME OF LICENSING PROGRAM ANALYST: Lisha Holmes

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/01/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/01/2025

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

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a

deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

LIC809 (FAS) - (09/23)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
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FACILITY NAME: BELMONT VILLAGE ALBANY

FACILITY NUMBER: 019200721

VISIT DATE: 07/01/2025

NARRATIVE	
1	...continued from LIC809.
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3	-Around 11:30 AM, LPA L. Alexander observed Enoxaparian Sodium Injections and Hydrogen Peroxide
4	unlocked in the cabinet underneath R1's bathroom sink.
5	-Around 11:45 AM, LPA L. Alexander observed scissors, Spouts brand Multi-Use Cleaner, Meyer's brand
6	disinfectant cleaner, and Acetaminophen 500 mg tablets in Room #323 for R2. (LIC602 indicates
7	Dementia and unable to administer own medication)
8	
9	Based on information obtained and observed, a deficiency is cited from Title 22 California Code of
10	Regulations and listed on LIC 9099D. Failure to submit proof of correction by plan of correction
11	due date, and any repeat violations within a 12-month period may result in civil penalties.
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13	Exit interview conducted and copy of this report reviewed with Jesus Gonzalez, Executive Director
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NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios	
NAME OF LICENSING PROGRAM ANALYST: Lisha Holmes	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 07/01/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/01/2025

LIC809 (FAS) - (06/04)

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: BELMONT VILLAGE ALBANY **FACILITY NUMBER:** 019200721
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 07/01/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87309(a)
87309 Storage Space and Access (a) Except as specified in subsection (b), the licensee shall ensure that disinfectants, cleaning solutions, poisonous substances, knives, matches, tools, sharp objects, and other similar items which could pose a danger to residents are in locked storage and are not left unattended if outside the locked storage.				
This requirement is not met as evidenced by:				
Deficient Practice Statement				
1	Based on observation, interview and record review, the licensee did not comply with the section cited			
2	above by not properly storing required locked items for R1 and R2 which poses an immediate health			
3	and safety risk to persons in care.			
4				
POC Due Date: 07/01/2025				
Plan of Correction				
1	ED agreed to conduct in-service staff training, review R1's and R2's LIC 602, and submit proof of staff			
2	signatures to CCLD that staff reviewed the regulation.			
3				
4				

	Section Cited
Deficient Practice Statement	
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4	
POC Due Date:	
Plan of Correction	
1	
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4	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM	Yvonne Flores-Larios
MANAGER:	
NAME OF LICENSING PROGRAM	Lisha Holmes
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 07/01/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 07/01/2025

