

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 019200721

Report Date: 07/21/2021

Date Signed: 07/21/2021 12:40:56 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: MOROS, MICHELLE		FACILITY TYPE:	740
ADDRESS: 1100 SAN PABLO AVE		TELEPHONE:	(510) 525-4554
CITY: ALBANY	STATE: CA	ZIP CODE:	94706
CAPACITY: 225	CENSUS: 186	DATE:	07/21/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME BEGAN:	10:30 AM
MET WITH: Michelle Moros		TIME COMPLETED:	12:55 PM
NARRATIVE			
1	On 7/21/2021 starting at 10:30am, Licensing Program Analyst (LPA) L. Ibo arrived unannounced to		
2	conduct an Infection Control Inspection. LPA met with Administrator, Michelle Moros and explained the		
3	purpose of the visit.		
4			
5	During the Infection Control Inspection, LPA toured facility including but not limited to front entrance,		
6	screening station, hand washing stations, common areas, kitchen and lobby area. Facility has a		
7	sufficient 2-day perishable and one-week non-perishable food supply. There is one central entry point for		
8	universal screening for staff, residents and visitors. A sign-in policy, thermometer and hand sanitizer		
9	were observed at screening station. Cough/sneeze etiquette, social distancing and hand washing		
10	posters were observed. Facility staff were observed to be wearing proper PPE (mask). Facility has a 30-		
11	day supply of PPEs maintained at central location and easily accessible for staff. Facility has a		
12	mitigation plan and maintains record of routine screening for residents and staff.		
13			
14	No deficiencies cited during visit. Exit interview conducted and a copy of this report provided.		
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NAME OF LICENSING PROGRAM MANAGER: Harpreet Humpal			
NAME OF LICENSING PROGRAM ANALYST: Leslie Ibo			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/21/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/21/2021

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