

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 019200721

Report Date: 07/21/2021

Date Signed: 07/21/2021 12:40:56 PM

Document Has Been Signed on 07/21/2021 12:40 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
<b>FACILITY EVALUATION REPORT</b>	

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	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	12:55 PM
				COMPLETED:	

NARRATIVE	
1	On 7/21/2021 starting at 10:30am, Licensing Program Analyst (LPA) L. Ibo arrived unannounced to conduct an Infection Control Inspection. LPA met with Administrator, Michelle Moros and explained the purpose of the visit.
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5	During the Infection Control Inspection, LPA toured facility including but not limited to front entrance, screening station, hand washing stations, common areas, kitchen and lobby area. Facility has a sufficient 2-day perishable and one-week non-perishable food supply. There is one central entry point for universal screening for staff, residents and visitors. A sign-in policy, thermometer and hand sanitizer were observed at screening station. Cough/sneeze etiquette, social distancing and hand washing posters were observed. Facility staff were observed to be wearing proper PPE (mask). Facility has a 30-day supply of PPEs maintained at central location and easily accessible for staff. Facility has a mitigation plan and maintains record of routine screening for residents and staff.
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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.**