

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 019201202

Report Date: 03/11/2026

Date Signed: 03/11/2026 06:34:56 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	BELLA VISTA	FACILITY NUMBER:	019201202
ADMINISTRATOR/BAUTISTA, HAIDIE DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	1641-1659 D STREET	TELEPHONE:	(510) 397-0751
CITY:	HAYWARD	STATE: CA	ZIP CODE: 94541
CAPACITY:	42	CENSUS: 40	DATE: 03/11/2026
TYPE OF VISIT:	Case Management - Deficiencies	UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 10:35 AM
MET WITH:	Haidie Bautista/Administrator	TIME VISIT/INSPECTION	COMPLETED: 03:30 PM

### NARRATIVE

1 While at the facility conducting investigation of a complaint (Complaint Control # 15-AS-  
2 20260305094639) on this day, March 11, 2026, and upon review of resident's (R1) record, Licensing  
3 Program Analyst (LPA) Delmundo observed one of R1's medications which was filled on February 10,  
4 2026 with 84 tablets and administered 3x/day, with start date of administration February 10, 2026,  
5 showed this particular medication still has one remaining tablet. Staff (S1) who administers residents  
6 medications was not able to explain what happened why there is still one remaining tablet. This was  
7 discussed with Haidie Bautista, administrator (ADM), who stated that it could be a recording error.  
8  
9 Deficiency is cited from Title 22 California Code of Regulations and listed on 809D. **Failure to submit  
10 proof of correction by plan of correction due date may result in civil penalty.**  
11  
12 Deficiency and plan and proof of correction were discussed with ADM.  
13  
14 Exit interview conducted. Appeal Rights, LIC9098 Proof of Correction form and copy of this report  
15 provided.  
16  
17  
18  
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25

NAME OF LICENSING PROGRAM MANAGER: Bennett Fong  
NAME OF LICENSING PROGRAM ANALYST: Alicia Delmundo

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 03/11/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 03/11/2026

**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 III, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

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**Created By: Alicia Delmundo On 03/11/2026 at 03:10 PM**  
**Link to Parent Document Below:**

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p><b>FACILITY EVALUATION REPORT (Cont)</b></p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES          COMMUNITY CARE LICENSING DIVISION          , 1515 CLAY STREET, STE. 310          OAKLAND, CA 94612</p>
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**FACILITY NAME:** BELLA VISTA

**FACILITY NUMBER:** 019201202

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 03/11/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
<p>Type B 03/25/2026 Section Cited CCR 87506(a)</p>	<p>1 87506 Resident Records                  2 (a) The licensee shall ensure that a                  3 separate, complete, and current record                  4 is maintained for each resident in the                  5 facility or in a central administrative                  6 location readily available to facility staff                  7 and to licensing agency staff.                  -This requirement is not met as                  evidenced by:</p>	<p>1 Administrator to do the following and                  submit POC by 3/25/26:                  2 1. Review the record and submit                  3 corrected LIC622.                  4 2. In-service the staff and submit copy                  5 of in-service training,                  6                  7</p>
<p>8 9 10 11 12 13 14</p>	<p>-Based on record review, the licensee                  did not comply with the section when                  R1 has 1 remaining tablet for 1 of the                  medications which does not match what                  should have left based on the recorded                  start date on LIC622 which poses a                  potential health and/or personal rights                  risks to person in care.</p>	<p>8 9 10 11 12 13 14</p>
<p>1 2 3 4 5 6 7</p>		<p>1 2 3 4 5 6 7</p>
<p>1 2 3 4 5 6 7</p>		<p>1 2 3 4 5 6 7</p>

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

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Bennett Fong
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Alicia Delmundo

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 03/11/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 03/11/2026