

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 019201373
Report Date: 07/22/2026
Date Signed: 07/22/2026 04:37:51 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:	BELLARA SENIOR LIVING	FACILITY NUMBER:	019201373
ADMINISTRATOR/DIRECTOR:	COLLETTE VALENTINE	FACILITY TYPE:	740
ADDRESS:	22400 2ND STREET	TELEPHONE:	(510) 244-0949
CITY:	HAYWARD	STATE:	CA
CAPACITY:	175	ZIP CODE:	94541
TYPE OF VISIT:	Case Management - Health Checks	CENSUS:	DATE:
		UNANNOUNCED	TIME VISIT/INSPECTION
			02:10 PM
MET WITH:	Jeff Sumabat/Executive Director	BEGAN:	
		TIME VISIT/INSPECTION	04:45 PM
		COMPLETED:	

NARRATIVE	
1	On this day, July 22, 2026, Licensing Program Analyst (LPA) Delmundo conducted a health and safety inspection as a result of the Department receiving a Priority 1 complaint (Complaint Control # 15-AS-20260721112430). LPA met with Executive Director (ED) Jeff Sumabat and informed the reason for visit. LPA also met with Sr. Generations Program Director (GPD) Joy Quilet.
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6	During review of residents' (R1 and R2) records, LPA observed After Visit Summaries and Physician Communications indicating these residents have fall incidents. R1 had 5 fall incidents from 6/04/26 to 7/20/26, of which 4 of these incidents had passed 7 days and facility did not submit nor LPA received incident reports. R2 had multiple fall incidents from 5/10/26 to 7/17/26, of which 7 had also passed 7 days and facility also did not submit incident reports. LPA also observed these residents Care Plans not updated nor reassessment completed to reflect current care needs. Staff (S1) confirmed no incident reports submitted and that Care Plan not updated.
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11	LPA toured the Memory Care Unit with Joy Quilet. LPA inspected the following including but not limited to common areas, courtyard, dining and activity areas, servery/kitchenette, toilets and ensuite bathrooms. LPA observed the laundry room locked and medication room attended by a med-tech. LPA randomly selected 7 residents' apartments for inspection including the ensuite bathrooms.
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DATE: 07/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/22/2026

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

Created By: Alicia Delmundo On 07/22/2026 at 01:58 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: BELLARA SENIOR LIVING

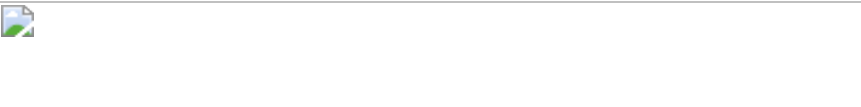
FACILITY NUMBER: 019201373

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/22/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type A 07/23/2026 Section Cited CCR 87309(a)	1	87309 Storage Space and Access	1	Staff removed and locked the items.
	2	(a) Except as specified in subsection	2	In addition, Executive Director to in-
	3	(b), the licensee shall ensure that	3	service the staff and submit copy of
	4	disinfectants, cleaning solutions,	4	training topics with attendees
	5	poisonous substances, knives,	5	signatures by 7/23/26.
	6	matches, tools, sharp objects, and	6	A \$250.00 civil penalty is assessed.
	7	other similar items which could pose a	7	
	8	-This requirement is not met as	8	
	9	evidenced by:	9	
	10	-Based on observation, the licensee did	10	
	11	not comply with the section above in	11	
	12	the following unlocked in Memory Care	12	
	13	apartments which posed an immediate	13	
	14	risks to persons in care: razor, wound	14	
Type A 07/23/2026 Section Cited CCR87463(b)	1	87463 Reappraisals	1	Executive Director to have the Care
	2	(b) The reappraisal shall document	2	Plan updated and submit copies by
	3	significant changes in the resident's	3	7/23/26.
	4	physical, mental, cognitive, behavioral,	4	
	5	or functional condition, including those	5	
	6	required to be documented as specified	6	
	7	in Section 87466, Observation of the	7	
	8	and to keep the appraisal accurate	8	
	9	-This requirement is not met as	9	
	10	evidenced by:	10	
	11	-Based on records review and	11	
	12	interview, the licensee did not comply	12	
	13	with the section above in not doing	13	
	14	reassessments and/or updating the	14	
	1	Care Plan for R1 and R2 which posed	1	
	2	an immediate risks to the health, safety	2	
	3	and/or personal rights risks to persons	3	
	4	in care.	4	
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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 MANAGER:	
NAME OF LICENSING PROGRAM	Alicia Delmundo
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 07/22/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 07/22/2026

LIC809 (FAS) - (06/04)		Page: 3 of 5
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 (Cont)		
FACILITY NAME: BELLARA SENIOR LIVING		FACILITY NUMBER: 019201373 VISIT DATE: 07/22/2026

NARRATIVE	
1	LPA observed the following during inspection:
2	-at 2:20 pm, shaver in one of the residents' apartments.
3	-at 2:40 pm, unlocked wound solution, Desitin rash ointment, foot cream in another resident's apartment
4	and wound cleanser in the ensuite bathroom.
5	
6	Deficiencies are cited from Title 22 California Code of Regulations and listed on 809Ds. A \$250.00 civil
7	penalty is assessed for section # 87309(a) for repeat violation within 12 month period. Failure to
8	submit proof of corrections by plan of correction due dates may result in additional civil
9	penalties.
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11	Deficiencies, plan and proof of corrections and civil penalty were discussed with the Executive Director.
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13	Exit interview conducted. Appeal Rights, LIC421FC Civil Penalty Assessment and copy of this report
14	provided.
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NAME OF LICENSING PROGRAM MANAGER: Bennett Fong	
NAME OF LICENSING PROGRAM ANALYST: Alicia Delmundo	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 07/22/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
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Created By: Alicia Delmundo On 07/22/2026 at 03:27 PM

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
, 1515 CLAY STREET, STE. 310
OAKLAND, CA 94612**FACILITY NAME:** BELLARA SENIOR LIVING**FACILITY NUMBER:** 019201373**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 07/22/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 08/05/2026 Section Cited CCR 87211(a)(1)(D)	1 87211 Reporting Requirements 2 (a) Each licensee shall furnish to the 3 licensing agency such reports ...(1) A 4 written report shall be submitted to the 5 licensing agency and to the person 6 responsible for the resident within 7 seven days of the occurrence of any of the events specified...	1 Executive Director to do the following 2 and submit proof by 8/05/26: 3 1. Submit incident reports. 4 2. In-service the staff and ensure 5 reports are submitted within 6 Regulations time frame. 7
	8 (D) Any incident which threatens the 9 welfare, safety or health of any 10 resident..... 11 -This requirement is not met as 12 evidenced by: 13 -Based on records review and 14 interview, the licensee did not comply with the section above in not submitting incident reports.	

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

Bennett Fong

MANAGER:**NAME OF LICENSING PROGRAM**

Alicia Delmundo

ANALYST:**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 07/22/2026**I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 07/22/2026

