

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 019201373
Report Date: 09/30/2024
Date Signed: 10/01/2024 12:32:42 PM

Document Has Been Signed on 10/01/2024 12:32 PM - **It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRALIZED APP UNIT, 744 P STREET, MS 9-14-8201 SACRAMENTO, CA 95814	
FACILITY EVALUATION REPORT			
FACILITY NAME: BELLARA SENIOR LIVING		FACILITY NUMBER:	019201373
ADMINISTRATOR/PENDING		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	22400 2ND STREET	TELEPHONE:	(760) 547-2863
CITY:	HAYWARD	STATE: CA	ZIP CODE: 94541
CAPACITY:	175	CENSUS:	DATE: 09/30/2024
TYPE OF VISIT:	Office	UNANNOUNCED TIME VISIT/INSPECTION	11:00 AM
MET WITH: Leong, Ryan & Sumabat Jeff		BEGAN:	
		TIME VISIT/INSPECTION	12:31 PM
		COMPLETED:	

NARRATIVE	
1	COMP II by CAB successfully completed
2	
3	
4	Method: Phone Call at CAB
5	
6	<i>Applicant/administrator participated in COMP II at CAB telephone call with</i>
7	<i>analyst at CAB. Identification of the applicant and administrator was</i>
8	<i>verified by presenting photo ID via phone. During COMP II, applicant and</i>
9	<i>administrator confirmed the understanding of Title 22. Component II was</i>
10	<i>successfully completed. Applicant and administrator were advised to</i>
11	<i>email/fax signed LIC 809 with copy of photo ID to CAB.</i>
12	
13	
14	
15	<i>During COMP II, CAB analyst confirmed Applicant/Administrator's</i>
16	<i>understanding of following areas:</i>
17	
18	
19	<i>1. Facility operation: License type, client/resident populations, and program</i>
20	
21	
22	<i>2. Staff qualifications and responsibilities</i>
23	
24	
25	<i>3. Applicant and Administrator qualifications</i>

- 4. *Program policy: Abuse, admission agreement, medication management, reporting incidents to CCL, restricted & prohibited conditions*
- 5. *Grievances, Complaints, Community resources*
- 6. *Physical plant, food service*
- 7. *Application document review and technical assistance: Criminal record clearance, Health screening, Fire clearance, First Aid/CPR certificate, Administrator certificate, Financial verification, Pre-licensing inspection, Compliance history, Control of property*

NAME OF LICENSING PROGRAM MANAGER: Darla Neeley
NAME OF LICENSING PROGRAM ANALYST: Gina Baldwin
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 10/01/2024

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 10/01/2024

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