

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 019201373  
Report Date: 10/29/2025  
Date Signed: 10/29/2025 06:33:47 PM

Document Has Been Signed on 10/29/2025 06:33 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:	BELLARA SENIOR LIVING	FACILITY NUMBER:	019201373
ADMINISTRATOR/COLLETTE VALENTINE		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(760) 547-2863
ADDRESS:	22400 2ND STREET	ZIP CODE:	94541
CITY:	HAYWARD	STATE: CA	
CAPACITY: 175		CENSUS: 107	DATE: 10/29/2025
TYPE OF VISIT:	Case Management - Deficiencies	UNANNOUNCED TIME VISIT/INSPECTION	03:45 PM
MET WITH:	Jeff Sumabat/Executive Director	BEGAN: TIME VISIT/INSPECTION	06:35 PM
		COMPLETED:	

NARRATIVE	
1	While at the facility investigating a complaint (Control # 15-AS-20251021141652) and upon interviews
2	and review of the Department's incident reports for the facility, Licensing Program Analyst (LPA)
3	Delmundo learned that the facility did not report the incident that occurred on 10/18/25 between
4	residents, R1 and R2, to appropriate agencies.
5	
6	Review of R1 records showed R1 has major neuro cognitive disorder, can not leave the facility
7	unassisted, has wandering and sundowning behaviors. Executive Director (ED) Jeff Sumabat stated
8	when R1 and R2 moved-in, a wander guard was issued for R1; however, during interview, LPA observed
9	R1 without wander guard. ED also stated that care conference was conducted with the residents' family
10	and medical provider, however, R1 was resisting care and a personal companion which was placed in
11	December 2024 for R1 was discontinued in March 2025 by the family. LPA learned that service plan was
12	not updated accordingly after the incident happened on 10/18/25.
13	
14	Review of R2's Physician's Report dated 9/10/25 revealed R2 needed assistance with medications
15	including administration of injection and R2's Care Plan was also not updated to reflect the change.
16	
17	Deficiencies cited from Title 22 California Code of Regulations and listed on 809D. Failure to submit
18	proof of corrections by plan of correction due dates and any repeat violation may result in civil penalty.
19	
20	Deficiencies and plan and proof of corrections were discussed with ED. Exit interview conducted. Appeal
21	Rights, LIC9098 Proof of Correction form and copy of this report provided.
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Bennett Fong

**NAME OF LICENSING PROGRAM ANALYST:** Alicia Delmundo

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 10/29/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 10/29/2025

**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.

LIC809 (FAS) - (09/23)

Page: 2 of 3

**Document Has Been Signed on 10/29/2025 06:33 PM - It Cannot Be Edited**

**Created By: Alicia Delmundo On 10/29/2025 at 12:56 PM**  
**Link to Parent Document Below:**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	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:** 10/29/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 11/12/2025 <b>Section Cited</b>	1 87211 Reporting Requirements 2 (c)Any suspected physical abuse that 3 does not result in serious bodily 4 injury of an elder or dependent adult 5 shall be reported to the local 6 ombudsman, the corresponding 7 licensing agency, and the local law enforcement agency within twenty- four (24) hours as..		
	8 ...required by Welfare and Institutions Code Section 15630(b)(1). 9 -This requirement is not met as 10 evidenced by: 11 -Based on records review and 12 interviews, the licensee did not 13 comply with the section above in not 14 reporting the incident to appropriate agencies.	8 9 10 11 12 13 14	
Type B 11/12/2025 <b>Section Cited</b>	1 87463 Reappraisals: (b) The 2 reappraisal shall document 3 significant changes in the resident's 4 physical, mental, cognitive, 5 behavioral, or functional condition, 6 including those required to be 7 documented as specified in Section 87466, Observation of the Resident.		
	8 -This requirement is not met as 9 evidenced by: 10 -Based on records review and 11 interviews, the licensee did not 12 comply with the section above in not 13 updating R1 and R2's Care/Service 14 Plan to reflect their current care and/or supervision needs.	8 9 10 11 12 13 14	

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
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 10/29/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
	<b>DATE:</b> 10/29/2025