

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197608468
Report Date: 10/13/2022
Date Signed: 10/13/2022 04:06:39 PM

Document Has Been Signed on 10/13/2022 04:06 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION GREATER LA AC/SC, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
FACILITY EVALUATION REPORT	

FACILITY NAME: BELMONT VILLAGE BURBANK	FACILITY NUMBER: 197608468
ADMINISTRATOR: RODRIGUEZ, MARY JANE	FACILITY TYPE: 740
ADDRESS: 455 E ANGELENO AVE	TELEPHONE: (818) 972-2405
CITY: BURBANK	STATE: CA
CAPACITY: 160	ZIP CODE: 91501
TYPE OF VISIT: Case Management - Deficiencies	CENSUS: 131
MET WITH: Mary Jane Rodriguez	DATE: 10/13/2022
	UNANNOUNCED TIME BEGAN: 01:44 PM
	TIME COMPLETED: 04:27 PM

NARRATIVE

1 LPA Lopez in the course of investigating allegation of compliant dated 09/21/2022 which included tour
2 and inspection of food preparation and food storage facilities, LPA Lopez and Chef Manager observed
3 items of food that had expired: Food items included the following:
4
5 Peach filling - Expired 12/17/2021
6 Apple Filling - Expired 05/26/2021
7 Potato mix - Expired 09/17/2022
8 Smokey Ham flavored base 01/17/2022
9 Juice Lime - Expired 09/20/22
10 Grapefruit sosmert - Expired 09/18/2022
11 Golden Mated Spray x5 - Expired 07/08/201
12 Grape Juice lot 14 FL oz x9 Expired 4/16/2022
13 Jello Mix x3 Expired 03/18/2022, 07/08/0221,
14 Milk Chocolate Mouse 03/25/2022
15 11 Flan dessert mix - Expired.04/08/22
16 Knoor Syrup x2 Expired - 03/11/2020
17 Oreo Medium Cookie Pies Expired 09/06/020
18 Golden Girl Baking powder - Expired 01/19/2020
19 Gelatin 32 envelopes - Expired 04/29/2021
20 Decorating icing - Expired 02/26/2021
21 Ground cinnamon - Expired 07/31/2022
22 Cake Decorations - Expired 07/07/2021
23 Lyons Cherry filling 10lbs - Expired 05/26/2022, 11/29/2021
24 Chocolate Icing - Expired 05/10/2021
25 Muffins X7 packs - Expired 09/22/2022

NAME OF LICENSING PROGRAM MANAGER: Lisa Hicks
NAME OF LICENSING PROGRAM ANALYST: Alberto Lopez

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/13/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/13/2022

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
GREATER LA AC/SC, 1000 CORPORATE CNTR
DR. ST 500
MONTEREY PARK, CA 91754

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: BELMONT VILLAGE BURBANK

FACILITY NUMBER: 197608468

VISIT DATE: 10/13/2022

NARRATIVE

- 1 Hamburger Buns - Expired 09/22/2022
- 2 Chese Steak buns - Expired 09/13/2022
- 3
- 4 LPA Lopez asked chef Manager to dispose of all expired food and LPA witness the disposal of all
- 5 expired food.
- 6
- 7 Deficiencies cited see 809D.
- 8
- 9
- 10 Exit interview conducted with administrator and copy of report will be email due to printer issues.
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NAME OF LICENSING PROGRAM MANAGER: Lisa Hicks

NAME OF LICENSING PROGRAM ANALYST: Alberto Lopez

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 10/13/2022

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: BELMONT VILLAGE BURBANK **FACILITY NUMBER:** 197608468

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 10/13/2022

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type A 10/17/2022 Section Cited	1 87555(b)(9) General Food Service 2 Requirements. Procedures which 3 protect the safety, acceptability and 4 nutritive values of food shall be 5 observed in food storage, preparation 6 and service 7 This requirement is not met as evidenced by:		
	8 Based on observation, the licensee 9 did not comply with the section cited 10 above as LPA and Chef Manger 11 observed many itmes with expired 12 dates. (List on 809 report) 13 14	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		
	1 2 3 4 5 6 7		

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

SUPERVISOR'S NAME:	Lisa Hicks
LICENSING EVALUATOR NAME:	Alberto Lopez
LICENSING EVALUATOR SIGNATURE:	
	DATE: 10/13/2022
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 10/13/2022