

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 430708589
Report Date: 09/16/2025
Date Signed: 09/16/2025 03:34:25 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
FACILITY EVALUATION REPORT	

FACILITY NAME:	BONHOMIE IV - WILLOWMONT	FACILITY NUMBER:	430708589
ADMINISTRATOR/GLADYS Q. SMART		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	1583 WILLOWMONT AVENUE	TELEPHONE:	(408) 978-5211
CITY:	SAN JOSE	STATE: CA	ZIP CODE: 95118
CAPACITY: 6		CENSUS: 6	DATE: 09/16/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/	
		INSPECTION	01:00 PM
		BEGAN:	
MET WITH:	Gladys Q. Smart	TIME VISIT/	
		INSPECTION	04:30 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Maria (Mita) Partoza, conducted an unannounced Required 1 Year visit, was greeted by staff Ray Lomero and Daniel Mabunay. Administrator Gladys Smart came after 15 minutes. LPA met with administrator Gladys Smart and stated the purpose of the visit.
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5	The facility is licensed to serve 60 and over. The facility is licensed for 6 bedridden/total care clients and hospice care. The facility currently has 4 staff and 6 residents.
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9	At 1:15 pm. LPA toured the exterior and interior of the facility. LPA observed emergency exits are clear from obstruction. LPA observed a swimming pool with a 5 foot perimeter fence with locked gates. The backyard patio is free from debris.
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13	LPA toured the facility kitchen and observed at least 2 days of perishable food and at least 7 days of nonperishable food. Sharps and medications were locked in secured areas. LPA observed additional food supply. The refrigerator temperature is at 32 degree F and the freezer temperature is at 0 degree F. The water temperature measured at 105.2 to 105.7 degree F. LPA observed the kitchen to be organized and sanitary.
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17	During inspection, LPA observed 4 out of 6 residents were not in their bedroom, 2 out of 6 were in the bedroom and asleep. LPA attempted to interview 4 out of 6 residents.
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21	page 1 of 2
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NAME OF LICENSING PROGRAM MANAGER: Romeo Manzano
NAME OF LICENSING PROGRAM ANALYST: Maria Partoza

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/16/2025

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: BONHOMIE IV - WILLOWMONT	FACILITY NUMBER: 430708589
	VISIT DATE: 09/16/2025

NARRATIVE	
1	LPA observed 5 resident bedroom, 1 Out of 5 bedroom is shared. 5 Out of 5 resident room were
2	equipped with ample storage, bed were covered with bed linens. The resident bedrooms were equipped
3	with hospital beds. LPA observed fire water sprinklers throughout the house. Hallways were observed to
4	be free from obstruction. LPA observed smoke and carbon monoxide detectors in good working
5	condition.
6	
7	The Laundry area was secured. LPA observed that chemical and cleaning supply cabinet were locked
8	and not accessible to residents in care. The staff room is used as a storage for overflow of supplies and
9	as a break room. The facility is equipped with Fire extinguisher inspected on 06//17/2025.
10	
11	LPA reviewed the facility's record and the last disaster drill training for earth quake and fire drill training
12	was provided to staff and resident on 09/03/2025. LPA requested copies of updated LIC 500 Personnel
13	report, liability insurance, LIC 308 designated administrator, plan of operation, emergency and disaster
14	plan and dementia care plan.
15	
16	LPA reviewed 3 Out of 6 resident record such as but not limited to care plan and centrally stored
17	medications and destruction record (CSMDR). LPA reviewed 2 out of 4 staff record, including but not
18	limited background clearance and training.
19	
20	No deficiencies were cited during today's visit based on California Code of Regulations (CCR) Title 22.
21	An exit interview was conducted with administrator, Gladys Smart and a copy of the report was
22	provided.
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25	End of Report
26	page 2 of 2
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NAME OF LICENSING PROGRAM MANAGER: Romeo Manzano	
NAME OF LICENSING PROGRAM ANALYST: Maria Partoza	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 09/16/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/16/2025