

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435200989

Report Date: 11/18/2025

Date Signed: 11/18/2025 01:51:20 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
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FACILITY NAME:	BRIDGEPOINT AT LOS ALTOS	FACILITY NUMBER:	435200989
ADMINISTRATOR/DIRECTOR:	MEHRAD MOSHIRI	FACILITY TYPE:	740
ADDRESS:	1174 LOS ALTOS AVENUE	TELEPHONE:	(650) 948-7337
CITY:	LOS ALTOS	STATE:	CA
CAPACITY:	150	ZIP CODE:	94022
TYPE OF VISIT:	Required - 1 Year	CENSUS:	134
		DATE:	11/18/2025
		UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 09:30 AM
		INSPECTION	COMPLETED: 02:30 PM
MET WITH:	Administrator - Mehrad Moshiri		

NARRATIVE	
1	On 11/18/2025, Licensing Program Analyst (LPA) Jaime Vado conducted an unannounced annual
2	inspection visit. LPA met with the administrator Anna Allas and explained the purpose of today's visit.
3	There are currently 134 residents in the facility during this inspection and multiple staff through out the
4	facility.
5	
6	This is a multi-level facility, Age range 60 years and above. Hospice waiver for 10 residents with a total
7	care addendum has been approved. Fire clearance for 150 non-ambulatory residents has been
8	approved. There are 10 residents under hospice care as of today's visit. The physical plant was toured
9	inside and outside of the facility to ensure the safety of the clients. Large dining room is clean and
10	organized for residents. Lunch is being served during today's inspection. The facility also has a bistro
11	adjacent to the main dining room. Dining menu and activities calendar posted. Per facility, menu's for the
12	month and week are communicated via flyers in resident mail cubby and email for residents and family.
13	LPA observed the facility kitchen which is clean and observed that all appliances are in good repair. Per
14	staff, all appliances are in working condition. Knives are stored and locked and secured in the kitchen.
15	Perishable and non-perishable food supplies are observed as in place. Kitchen grade fire extinguisher is
16	observed as in place and with an inspection date of 06/04/2025. Canned food supplies and dried food
17	supplies are stored within the kitchen. Cleaning substances and dish washing chemicals are properly
18	stored and labeled. Per kitchen director, and in service training was conducted around 11/04/2025 with
19	the facility's contracted company that handles the supply and installation of the receptacle's that
20	administer and hold these cleaning supplies. These are observed as in place as functioning and color
21	coded. Eye washing stations are observed as well in the kitchen.
22	
23	Continued on next page...
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Cara Smith
NAME OF LICENSING PROGRAM ANALYST: Jaime Vado

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 11/18/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/18/2025

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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
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FACILITY NAME: BRIDGEPOINT AT LOS ALTOS

FACILITY NUMBER: 435200989

VISIT DATE: 11/18/2025

NARRATIVE

1 Page 2
 2
 3 Medications are observed to be locked in the medication room and medication carts. Carts are in place
 4 in the medication room. They can be moved around the facility. LPA audited medications of residents at
 5 random with staff and all are logged and tracked accurately using an electronic based tracking system.
 6 LPA observed that there are multiple fire extinguishers in place on each floor with an inspection date of
 7 06/04/2025. Smoke detectors, carbon monoxide detectors, and full fire sprinkler system is observed in
 8 place through out the facility. Central heating and air conditioning is in place. Laundry room is also
 9 observed as fully operational and organized. Lint area behind dryers are observed as clean with no lint
 10 or extreme dust accumulation. Janitor cart is observed on second floor and are stored in janitor closet
 11 when not in use. Emergency exit routes are observed inside and outside to be free and clear of
 12 obstructions. Evacuation chairs are in place in emergency exit stairwells as well. Last
 13 emergency/disaster drill was conducted in 07/24/2025. Water temperature was measured in resident
 14 rooms 165, 134, 271, and 207. Water temperature was measured to fluctuate between 108F and 112F.
 15 Of those 4 resident room, LPA observed to be free of odors and contained all the required furniture per
 16 regulatory recommendations. Resident rooms have walk in showers with non-skid flooring. Rooms have
 17 a pull cord call system in resident bathroom and by the bed in the resident room. Rooms have a
 18 kitchenette, but no cooking surfaces. Resident linen supplies are in place. Facility conducted last
 19 fire/disaster drill on 10/25/2025.
 20 LPA reviewed five staff files and five resident files during today's inspection. All files are observed as
 21 current. Staff are actively conducting training and it is observed as current for the staff reviewed.
 22
 23 The following updated forms are requested to be submitted to CCLD by 11/25/2025:
 24
 25 • Copy administrator certificate
 26 • Copy of facility's liability insurance
 27 • LIC308 Designation of responsible staff person
 28 • LIC610E Emergency Disaster Plan
 29 • LIC500 Staff Schedule
 30
 31 No citations issued. Report is reviewed with Mehrad Moshiri and a copy is provided on this day.
 32 Technical violations are given on the attached LIC9102TV pages.

NAME OF LICENSING PROGRAM MANAGER: Cara Smith NAME OF LICENSING PROGRAM ANALYST: Jaime Vado LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 11/18/2025
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 11/18/2025
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