

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435202350

Report Date: 12/09/2020

Date Signed: 12/17/2020 10:34:58 AM

Document Has Been Signed on 12/17/2020 10:34 AM - **It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
FACILITY EVALUATION REPORT	

FACILITY NAME:	BELMONT VILLAGE SAN JOSE			FACILITY NUMBER:	435202350
ADMINISTRATOR:	GILDA DEOCARES			FACILITY TYPE:	740
ADDRESS:	500 S WINCHESTER BLVD			TELEPHONE:	(408) 984-4767
CITY:	SAN JOSE			STATE: CA	95128
CAPACITY:	150			CENSUS: 98	DATE: 12/09/2020
TYPE OF VISIT:	Case Management - Other			UNANNOUNCED TIME BEGAN:	12:00 PM
MET WITH:	Natalie Barman			TIME COMPLETED:	01:10 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Karen Taku and Program Clinical Consultant Clarita DelaCruz
2	conducted a virtual tele-visit via ZOOM, to provide technical assistance to prevent and mitigate the
3	spread of COVID-19 within the facility. LPA met with Executive Director (ED) Natalie Barman and
4	Administrator Gilda Deocares.
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6	During today's tele-visit, the following recommendations were made to the facility:
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8	1. Post hand washing signs in each residents room
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10	2. Staff PPE training should include the demonstration of donning and doffing of PPE
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12	The report was reviewed the Executive Director, and a copy was provided via email for signature.
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NAME OF LICENSING PROGRAM MANAGER: Romeo Manzano

NAME OF LICENSING PROGRAM ANALYST: Karen Taku

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 12/09/2020

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 12/09/2020

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