

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435202350

Report Date: 12/09/2020

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

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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	ZIP CODE:	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.		
5			
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.