

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 435202351  
Report Date: 12/08/2020  
Date Signed: 01/04/2021 11:24:35 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: BELMONT VILLAGE SUNNYVALE	FACILITY NUMBER: 435202351
ADMINISTRATOR: SINGH, RADHIKA	FACILITY TYPE: 740
ADDRESS: 1039 E EL CAMINO REAL	TELEPHONE: (408) 720-8498
CITY: SUNNYVALE	STATE: CA
CAPACITY: 150	ZIP CODE: 94087
TYPE OF VISIT: Case Management - Other	CENSUS: 120
MET WITH: Lola Bullock	ANNOUNCED
	DATE: 12/08/2020
	TIME BEGAN: 09:37 AM
	TIME COMPLETED: 10:22 AM

NARRATIVE	
1	Due to COVID-19 pandemic, Licensing Program Analysts (LPAs) Yatfai Eric Ng and Jackie Jin,
2	partnered with a Nurse Evaluator II (NE) Kathleen Weiss from the Department, conducted a Case
3	Management - Other - tele-visit via FaceTime, to provide a technical assistance to prevent and mitigate
4	the spread of COVID-19 at the facility. LPAs and NE met with the Assistant Executive Director (AED)
5	Lola Bullock.
6	
7	LPAs and NE toured the facility virtually with AED holding the telephone to show around the facility. Staff
8	were observed in the facility wore masks. Hand sanitizing stations were scattered around the facility.
9	COVID-19 signage were visible throughout the facility. There were soap, paper towels, COVID-19
10	signage available in the restrooms in the common area. Dining room was closed. Residents had their
11	meals in their rooms. Break room and the break area outside of the facility for staff had a maximum
12	capacity of 4 in each respectively. They both had adequate space to accommodate 4 staff with enough
13	area to practice social distancing.
14	
15	A staff demonstrated donning personal protective equipment (PPE) before entering the COVID-19
16	positive resident's room in memory care unit. There was a covered trash bin for the used PPE inside the
17	isolation room.
18	
19	During the tour in assisted living unit, AED was advised to put a covered trash bin inside of the isolation
20	room for PPE disposal. This was for mitigation and infection control practices to prevent, contain, and
21	mitigate the spread of COVID-19. AED immediately obtained one for that particular room.
22	
23	
24	No other issues observed during tour. No deficiency cited during tour.
25	
	This report was sent to AED to review and to obtain a signature.

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Sarah Yip
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Yatfai Ng

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 12/08/2020

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 12/08/2020

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