

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435202376

Report Date: 10/15/2021

Date Signed: 10/20/2021 12:20:28 PM

Document Has Been Signed on 10/20/2021 12:20 PM - 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: BONNEVIE RESIDENCE AND CARE		FACILITY NUMBER:	435202376
ADMINISTRATOR: RAMIRO CUSTODIO		FACILITY TYPE:	740
ADDRESS: 555A MC LAUGHLIN AVENUE		TELEPHONE:	(408) 931-6077
CITY: SAN JOSE	STATE: CA	ZIP CODE:	95116
CAPACITY: 6	CENSUS: 5	DATE:	10/15/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME BEGAN:	10:28 AM
MET WITH: Ramiro Custodio		TIME COMPLETED:	12:05 PM
NARRATIVE			
1	On 10/15/2021 at 10:28 am, Licensing Program Analyst (LPA) Anna Bui conducted an unannounced		
2	Annual Required 1 Year visit. LPA met with Administrator Ramiro Custodio.		
3			
4	LPA toured the facility beginning with the main entrance. The entrance had a thermometer, hand		
5	sanitizer, and sign-in log. Temperature was taken and screening questions were asked, but both were		
6	not documented. LPA recommended screening questions and temperature to be documented. Facility is		
7	taking daily resident and staff temperatures, but only resident temperatures are being documented. LPA		
8	recommended staff to document their daily temperature check.		
9			
10	Universal precautions, COVID-19 protocols, and social distancing guidelines were posted throughout		
11	the facility. Restrooms had hand soap and paper towels readily available. Facility had at least 30 day		
12	supply of medications for the residents.		
13			
14	Staff were observed wearing a mask and following COVID-19 protocols. Facility observed to have		
15	adequate supply of PPE.		
16			
17	An advisory note was issued, please see LIC 9102. No deficiencies were cited during today's visit.		
18			
19			
20	This report and advisory note were reviewed with Administrator Ramiro Custodio and copies were		
21	provided.		
22			
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Sarah Yip			
NAME OF LICENSING PROGRAM ANALYST: Anna Bui			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/15/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/15/2021

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