

## 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
<b>FACILITY EVALUATION REPORT</b>	

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.**