

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435202557
Report Date: 11/18/2021
Date Signed: 12/22/2021 08:51:21 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 | |

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|---|----------------------------------|
| FACILITY NAME: BED OF ROSES RESIDENTIAL CARE HOME | FACILITY NUMBER: 435202557 |
| ADMINISTRATOR: WILLIAMS, MARIA CHRISTINA | FACILITY TYPE: 740 |
| ADDRESS: 1730 WHITE OAKS ROAD | TELEPHONE: (408) 603-7598 |
| CITY: CAMPBELL | STATE: CA |
| CAPACITY: 6 | ZIP CODE: 95008 |
| TYPE OF VISIT: Required - 1 Year | CENSUS: 4 |
| MET WITH: Maria Christina Williams | DATE: 11/18/2021 |
| | UNANNOUNCED TIME BEGAN: 10:52 AM |
| | TIME COMPLETED: 11:59 AM |

| NARRATIVE | |
|-----------|---|
| 1 | Licensing Program Analyst Ryker Heberle (LPA) conducted an unannounced annual inspection on |
| 2 | 11/18/2021 at 10:52am. LPA met with Administrator Maria Christina Williams (Admin). |
| 3 | |
| 4 | LPA toured the facility, including living room, kitchen, dining room, 5 client bedrooms, 1 staff bedroom, 2 |
| 5 | bathrooms, front patio, back yard, and storage sheds. All staff members observed to be wearing masks. |
| 6 | Admin confirmed that all staff and residents have been vaccinated. |
| 7 | |
| 8 | Facility Mitigation plan has already been submitted. No prohibited items noted in resident rooms. All |
| 9 | emergency exits noted to be clear of obstruction. All rooms in facility noted to be clean and well |
| 10 | maintained. Hand sanitizers, soap, and paper supplies were observed to be available. At least 2 days' |
| 11 | supply of perishable food and at least 1 week's supply of non-perishable food was observed on the |
| 12 | premises. Fire extinguishers observed to be inspected in August of 2021. |
| 13 | |
| 14 | Facility observed to have designated entry point. Staff took LPA's temperature and screened for |
| 15 | symptoms. Facility does not have a 30 day supply of N95s and gowns. Restrooms not observed to be |
| 16 | stocked with paper towels. Hand washing signs observed to be in all bathrooms. Social distancing signs |
| 17 | observed to be posted public areas. The facility is currently accepting visitors inside the facility, including |
| 18 | residents' bedrooms. |
| 19 | |
| 20 | |
| 21 | No deficiencies cited during today's visit. This report was reviewed with Administrator Maria Christina |
| 22 | Williams (Admin) and a copy of the signed report was provided. |
| 23 | |
| 24 | |
| 25 | |

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| NAME OF LICENSING PROGRAM MANAGER: Sarah Yip |
| NAME OF LICENSING PROGRAM ANALYST: Ryker Heberle |

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/18/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/18/2021

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