

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435202557
Report Date: 10/18/2024
Date Signed: 10/18/2024 01:18:57 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
FACILITY EVALUATION REPORT	

FACILITY NAME: BED OF ROSES RESIDENTIAL CARE HOME	FACILITY NUMBER: 435202557
ADMINISTRATOR/WILLIAMS, MARIA CHRISTINA	FACILITY TYPE: 740
DIRECTOR:	
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
	DATE: 10/18/2024
	UNANNOUNCED TIME VISIT/ INSPECTION
	BEGAN: 09:30 AM
MET WITH: Licensee, Christina Williams	TIME VISIT/ INSPECTION
	COMPLETED: 01:15 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Marcella Tarin and Licensing Program Manager Jackie Jin conducted
2	an unannounced annual inspection visit at 9:45AM and met with Licensee Christina Williams. LPA and
3	LPM toured the facility inside and out with the Licensee to include the living room, dining room, kitchen,
4	resident bedrooms, bathrooms, and exterior. All emergency exits were observed to be clear of
5	obstruction.
6	
7	LPA and LPM toured the kitchen area and observed two residents sitting at the kitchen table eating
8	breakfast at 9:45AM. LPA and LPM observed a perishable food supply of at least two days and a non-
9	perishable food supply of at least seven days. Refrigerator temperature maintained at 39.7 degrees F
10	and freezer maintained at -8 degrees F. LPA and LPM observed toxins, sharps and chemicals locked
11	and inaccessible to residents.
12	
13	LPA and LPM toured 4 resident bedrooms. 4 out of 4 resident bedrooms had beds, a dresser,
14	functioning lights, storage space for personal belongings, clean bedding, and a chair. LPA measured hot
15	water temperature, range of 109.9 to 118 degrees F for 2 out of 2 resident bathrooms.
16	
17	The facility was equipped with smoke and carbon monoxide detectors. Fire extinguishers were last
18	serviced on 10/9/2023 and LPA observed extinguisher to be fully charged. LPA observed the facility first
19	aid kit, and it was observed to be complete. The facility fire/earthquake drill log was reviewed, and drills
20	are being conducted quarterly. The last fire drill was conducted on 07/05/2024. Facility has emergency
21	disaster plan.
22	
23	
24	LPA and LPM reviewed 4 residents Centrally Stored Medication and Destruction Records (CSMDR).
25	LPA observed 4 out of 4 CSMDRs are complete with all medications accounted and documented. LPA and LPM observed the medication storage area was locked and inaccessible to residents in care.

NAME OF LICENSING PROGRAM MANAGER: Jin Jackie
NAME OF LICENSING PROGRAM ANALYST: Marcella Tarin
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 10/18/2024

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 10/18/2024

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

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131</p>
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FACILITY NAME: BED OF ROSES RESIDENTIAL CARE HOME

FACILITY NUMBER: 435202557

VISIT DATE: 10/18/2024

NARRATIVE	
<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32</p>	<p>LPA and LPM reviewed 4 out of 4 resident records. LPA and LPM observed 4 out of 4 resident records to contain identification and emergency contact information, personal rights, TB results and consent forms. Residents (R2 and R4) records did not contain completed appraisal/needs and services plans. LPA advised Licensee to complete appraisal/needs and services plans. Residents R1 and R3 appraisal needs and service plan was not updated within the year. R1 and R3 have neurocognitive disorder.</p> <p>LPA reviewed 4 out of 4 staff records. LPA observed 4 out of 4 records as complete to include fingerprint clearance, health screening, TB result, personnel record, and staff training.</p> <p>Licensee Administrator Certification is current and expires on 11/26/2025.</p> <p>A deficiency was cited today per California Code of Regulations, Title 22. A Technical Violation was issued today. See LIC809D. Exit interview was conducted with Licensee Christina Williams. This report was provided to Licensee and appeals rights were provided.</p>

NAME OF LICENSING PROGRAM MANAGER: Jin Jackie
NAME OF LICENSING PROGRAM ANALYST: Marcella Tarin
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 10/18/2024

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 10/18/2024
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Created By: Marcella Tarin On 10/18/2024 at 12:32 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
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FACILITY NAME: BED OF ROSES RESIDENTIAL CARE HOME

FACILITY NUMBER: 435202557

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 10/18/2024

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87705(c)(5)	
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(c) Licensees who accept and retain residents with dementia shall be responsible for ensuring the following:
 (5) Each resident with dementia shall have an annual medical assessment as specified in Section 87458, Medical Assessment, and a reappraisal done at least annually, both of which shall include a reassessment of the resident's dementia care needs.

This requirement is not met as evidenced by:

	Deficient Practice Statement
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1	Based on observation and record review, the licensee did not comply with the section cited above. 1 out of 2 residents did not have annual medical assessment. 2 out of 2 residents did not have a reappraisal completed within the year which poses a potential health, safety or personal rights risk to persons in care.
2	
3	
4	

	POC Due Date: 11/01/2024
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	Plan of Correction
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1	Licensee states she will complete the appraisal/needs and services plans for the two residents within the next two weeks. Licensee states she will obtain a medical assessment for R3 by November 1st, 2024. Licensee agreed to submit the appraisal/needs and services plan and medical assessment by POC due date November 1st, 2024 .
2	
3	
4	

	Section Cited	CCR	87705(c)(5)	
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	Deficient Practice Statement
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1	
2	
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4	

	POC Due Date:
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	Plan of Correction
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1	
2	
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4	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME:	Jin Jackie
LICENSING EVALUATOR NAME:	Marcella Tarin
LICENSING EVALUATOR SIGNATURE:	
	DATE: 10/18/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/18/2024