

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 435202571  
Report Date: 09/30/2021  
Date Signed: 09/30/2021 11:55:46 AM

Document Has Been Signed on 09/30/2021 11:55 AM - 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: BELLEROSE SENIOR LIVING	FACILITY NUMBER: 435202571
ADMINISTRATOR: LORI CORRAL	FACILITY TYPE: 740
ADDRESS: 100 BELLEROSE	TELEPHONE: (888) 324-6520
CITY: SAN JOSE	STATE: CA
CAPACITY: 26	ZIP CODE: 95128
TYPE OF VISIT: Required - 1 Year	CENSUS: 22
MET WITH: Lori Corral	DATE: 09/30/2021
	UNANNOUNCED TIME BEGAN: 10:30 AM
	TIME COMPLETED: 12:00 PM

NARRATIVE	
1	Licensing Program Analysts (LPAs) Christine Dolores and Marybeth Donovan conducted an
2	unannounced ANNUAL REQUIRED INSPECTION. LPAs met with Odalys Rodriguez,
3	MedTech/Caregiver and Lori Corral, Administrator.
4	
5	During today's visit LPAs toured the facility inside and outside. LPAs observed a central entry point and
6	screening area for all visitors and staff, dining room, activity room, hallways, bathrooms, resident rooms,
7	shower room, and outdoor sitting area.
8	
9	Bathrooms have supplies of paper towels, toilet paper, and soap available for staff, residents, and
10	visitors. Trash cans were observed covered with lid. LPAs observed the following posters, coughing and
11	sneeze etiquette, social distancing, hand washing, visitor policy, and symptoms of COVID. Facility has a
12	sufficient amount of PPE supplies. Facility disinfect and sanitize high touch surfaces daily and as
13	needed. Facility has a mitigation plan in place to prevent the spread of COVID-19.
14	
15	LPAs will provide additional COVID-19 symptom screening information.
16	
17	No deficiencies cited during today's visit per California Code of Regulations, Title 22.
18	
19	
20	This report was reviewed with Lori Corral, Administrator. Copy of this report was provided.
21	
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Jackie Jin
NAME OF LICENSING PROGRAM ANALYST: Christine Dolores

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 09/30/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 09/30/2021

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