

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 435202714  
Report Date: 04/07/2021  
Date Signed: 04/07/2021 02:41:44 PM

Document Has Been Signed on 04/07/2021 02:41 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: ATRIA EVERGREEN VALLEY	FACILITY NUMBER: 435202714
ADMINISTRATOR: ERNIE GETUIZA	FACILITY TYPE: 740
ADDRESS: 4463 SAN FELIPE ROAD	TELEPHONE: (408) 532-7677
CITY: SAN JOSE	STATE: CA
CAPACITY: 134	ZIP CODE: 95135
TYPE OF VISIT: Case Management - Incident	CENSUS: 79
MET WITH: Ernie Getuiza, Executive Director	DATE: 04/07/2021
	UNANNOUNCED TIME BEGAN: 10:20 AM
	TIME COMPLETED: 10:45 AM

NARRATIVE	
1	Licensing Program Analyst (LPA) Anna Bui conducted an unannounced Case Management – Incident
2	tele-visit today. Due to COVID-19 health pandemic, LPA met with Ernie Getuiza, Executive Director
3	(ED), via facetime.
4	
5	The purpose of this visit is to follow up on an incident report that Community Care Licensing (CCL)
6	received on 03/15/2021 regarding a resident's (R1) missing ring.
7	
8	R1's LIC 621 (Resident Personal Property and Valuables) was reviewed. R1 did not disclose that she
9	had a ring when she moved in. R1's missing ring was documented on R1's LIC 9060 (Resident Theft
10	and Loss Record).
11	
12	LPA interviewed Ernie Getuiza, Executive Director (ED) and Diane Martinez, Resident Services Director
13	(RSD), regarding R1's incident. RSD stated that R1 told her she did not disclose the ring when she
14	moved in and she did not remember the last time she saw the ring. ED and RSD stated that they were
15	not aware of R1 having a ring. ED stated that they will continue to remind residents that they can
16	document personal property and valuables on the LIC 621.
17	
18	
19	No deficiencies cited during today's visit.
20	
21	An electronic copy of LIC 809 was emailed to Ernie Getuiza, Executive Director, to review and sign on
22	04/07/2021.
23	
24	
25	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Sarah Yip <b>NAME OF LICENSING PROGRAM ANALYST:</b> Anna Bui
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**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 04/07/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 04/07/2021

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