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**Department of**

# SOCIAL SERVICES

***Community Care Licensing***

# *FACILITY EVALUATION REPORT*

**Facility Number:** 435202818
**Report Date:** 12/01/2021
**Date Signed:** 12/08/2021 11:26:19 AM

**Document Has Been Signed on** 12/08/2021 11:26 AM **- It Cannot Be Edited**

| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY<br>**FACILITY EVALUATION REPORT** | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>CCLD Regional Office, 744 P STREET, MS 9-14-8201<br>SACRAMENTO, CA 95814 |
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|---|---|---|---|---|---|
| FACILITY NAME: | OAKMONT OF SAN JOSE | | | FACILITY NUMBER: | 435202818 |
| ADMINISTRATOR: | SILVA, FLAVIO | | | FACILITY TYPE: | 740 |
| ADDRESS: | 917 THORNTON WAY | | | TELEPHONE: | (408) 371-7100 |
| CITY: | SAN JOSE | STATE: CA | | ZIP CODE: | 95128 |
| CAPACITY: 92 | | CENSUS: | | DATE: | 12/01/2021 |
| TYPE OF VISIT: | Office | ANNOUNCED | | TIME BEGAN: | 11:00 AM |
| MET WITH: | FLAVIO SILVA | | | TIME COMPLETED: | 11:30 AM |

**NARRATIVE**

Facility Type: RCFE
Application Type: CHOW
Capacity: 92
Census (if any clients in care):

COMP II by CAB successfully completed

Method: Telephone call

COMP II Participant: FLAVIO SILVA

*Applicant/administrator participated in COMP II via telephone call with the analyst at CAB. Identification of the applicant and administrator was verified by photo ID . During COMP II, applicant and administrator confirmed the understanding of Title 22. Component II was successfully completed.*

*During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of following areas:*
1. *Facility operation: License type, client/resident populations, and program*
2. *Staff qualifications and responsibilities*
3. *Applicant and Administrator qualifications*
4. *Program policy: Abuse, admission agreement, medication management, reporting incidents to CCL, restricted & prohibited conditions*
5. *Grievances, Complaints, Community resources*

6. *Physical plant, food service*
7. *Application document review and technical assistance: Criminal record clearance, Health screening, Fire clearance, First Aid/CPR certificate, Administrator certificate, Financial verification, Pre-licensing inspection, Compliance history, Control of property*

**NAME OF LICENSING PROGRAM MANAGER:** Mirella Quaranta
**NAME OF LICENSING PROGRAM ANALYST:** Stefania Fonteno
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 12/08/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 12/08/2021

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