

Department of

# SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

Facility Number: 435202856

Report Date: 03/22/2022

Date Signed: 03/22/2022 11:46:56 AM

**Document Has Been Signed on 03/22/2022 11:46 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: BELMONT VILLAGE LOS GATOS		FACILITY NUMBER:	435202856
ADMINISTRATOR: MARTINEZ, RADHIKA		FACILITY TYPE:	740
ADDRESS: 5121 UNION AVENUE		TELEPHONE:	(408) 569-3333
CITY: SAN JOSE	STATE: CA	ZIP CODE:	95124
CAPACITY: 175	CENSUS: 0	DATE:	03/22/2022
TYPE OF VISIT: Prelicensing	UNANNOUNCED	TIME BEGAN:	09:30 AM
MET WITH: Radhika Martinez		TIME COMPLETED:	12:00 PM
<b>NARRATIVE</b>			
1	Licensing Program Analyst Ryker Heberle (LPA) conducted an announced pre-licensing inspection. LPA		
2	met with representatives - Senior Executive Director Radhika Martinez (ED) and Senior Vice President		
3	of Regulatory Affairs & Quality Douglas Armstrong (VP). This facility has 4 stories, and a capacity of 175		
4	residents. Fire clearance approved for 175 non-ambulatory residents of which 100 may be bedridden.		
5	First floor contained the memory care wing of the facility. Second, third and fourth floors were for		
6	assisted living residents. No residents were observed to have moved in to the premises currently.		
7			
8	LPA toured the facility inside and outside with ED and VP. A sign-in sheet and COVID-19 questionnaire		
9	were present at the reception area. The facility was well lit and in good repair, LPA did not see any		
10	damaged window screens, cracked floors, broken furniture, etc. Facility's common areas, such as dining		
11	rooms, screening room, activities rooms, gymnasiums, etc were furnished and had functioning light		
12	fixtures. LPA toured the restrooms in all floors, and 10 resident rooms. All restrooms had grab bars		
13	installed. Residents' bathrooms had nonskid floors. Hot water temperature was measured to be between		
14	the of ranges of 115.7 to 120.0 degrees F.		
15			
16	The elevator was functioning in the facility. Facility refrigerators were observed to be fully operational in		
17	the kitchen. Kitchen observed to contain over 2 days of nonperishable and 7 days of perishable foods.		
18	The centrally stored medication rooms in each floor were locked, ready for storage and observed to		
19	have a 30 day supply of PPE. LPA observed the carbon monoxide/smoke detectors and alarms. LPA		
20	randomly inspected the fire extinguishers in each floor. They were fully charged, last serviced in		
21	02/03/2022. There was no open body of water outside the facility. All passageways and emergency exits		
22	observed to be clear of obstruction.		
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Sarah Yip			
NAME OF LICENSING PROGRAM ANALYST: Ryker Heberle			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/22/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/22/2022

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

LIC809 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

## FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 2580 N. FIRST STREET,  
STE. 350  
SAN JOSE, CA 95131

FACILITY NAME: BELMONT VILLAGE LOS GATOS

FACILITY NUMBER: 435202856

VISIT DATE: 03/22/2022

### NARRATIVE

1 Component III orientation was waived for this facility due to ED's prior experience. No issues noted  
2 during the pre-licensing inspection. The physical plant is approved pending the completion of  
3 Centralized Application Bureau (CAB) review of the facility application. Exit interview conducted with and  
4 copy of report provided to Radhika Martinez, Senior Executive Director.

NAME OF LICENSING PROGRAM MANAGER: Sarah Yip

NAME OF LICENSING PROGRAM ANALYST: Ryker Heberle

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/22/2022

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/22/2022

LIC809 (FAS) - (06/04)

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