

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435202895

Report Date: 11/16/2023

Date Signed: 12/18/2023 10:26:36 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRALIZED APP UNIT, 744 P STREET, MS 9-14-8201 SACRAMENTO, CA 95814
FACILITY EVALUATION REPORT	
FACILITY NAME: MORNINGSTAR ASSISTED LIVING AND MEMORY FACILITY	
CARE	NUMBER: 435202895
ADMINISTRATOR: WELCH, JOYCE	FACILITY TYPE: 740
ADDRESS: 1380 S DEANZA BLVD	TELEPHONE: (669) 295-6500
CITY: SAN JOSE	STATE: CA
CAPACITY: 149	ZIP CODE: 95129
TYPE OF VISIT: Office	CENSUS: 0
MET WITH: Joyce Welch, Phil Altman	ANNOUNCED
	DATE: 11/16/2023
	TIME BEGAN: 10:00 AM
	TIME COMPLETED: 10:27 AM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: INTL
3	Capacity: 149
4	Census (if any clients in care): 0
5	COMP II Participants: Joyce Welch administrator, Phil Altman VP Ops
6	Interview Method:
7	Virtual interview
8	On 11/16/23, applicant/administrator participated in COMP II. Identification
9	of the applicant and administrator was verified through interview questions
10	based on photo ID and other identifying personal information. During
11	COMP II, applicant and administrator confirmed that they have read and
12	understand community care facility licensing laws included in the Health
13	and Safety Codes and the California Code of Regulations Title 22. Signed
14	LIC 809 with copy of photo ID have been obtained.
15	
16	During COMP II, CAB analyst confirmed Applicant/Administrator's
17	understanding of following areas:
18	1. Facility operation: License type, client/resident populations, and program
19	2. Admission Policies
20	3. Staffing requirements & Training
21	4. Restrictive/Prohibited Health Conditions
22	
23	
24	
25	

5. General provisions
6. Emergency Preparedness
7. Complaints & Reporting
8. Pre-licensing readiness

NAME OF LICENSING PROGRAM MANAGER: Tracy Thompson

NAME OF LICENSING PROGRAM ANALYST: Amy Avery

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/20/2023

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/20/2023

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