

# 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

Document Has Been Signed on 12/18/2023 10:26 AM - It Cannot Be Edited

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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: MORNINGSTAR ASSISTED LIVING AND MEMORY CARE	NUMBER: 435202895
ADMINISTRATOR: WELCH, JOYCE	FACILITY TYPE: 740
ADDRESS: 1380 S DEANZA BLVD	TELEPHONE: (669) 295-6500
CITY: SAN JOSE	STATE: CA ZIP CODE: 95129
CAPACITY: 149	CENSUS: 0 DATE: 11/16/2023
TYPE OF VISIT: Office	ANNOUNCED TIME BEGAN: 10:00 AM
MET WITH: Joyce Welch, Phil Altman	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 of the applicant and administrator was verified through interview questions based on photo ID and other identifying personal information. During COMP II, applicant and administrator confirmed that they have read and understand community care facility licensing laws included in the Health and Safety Codes and the California Code of Regulations Title 22. Signed LIC 809 with copy of photo ID have been obtained.
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22	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of following areas:
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25	1. Facility operation: License type, client/resident populations, and program 2. Admission Policies 3. Staffing requirements & Training 4. Restrictive/Prohibited Health Conditions

- 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.**