

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435202898

Report Date: 07/28/2023

Date Signed: 08/02/2023 09:27:27 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 744 P STREET, MS 9-14-8201 SACRAMENTO, CA 95814
FACILITY EVALUATION REPORT	

FACILITY NAME: OAKMONT OF SILVER CREEK	FACILITY NUMBER: 435202898
ADMINISTRATOR: DIAL, JAMES	FACILITY TYPE: 740
ADDRESS: 3544 SAN FELIPE ROAD	TELEPHONE: (669) 200-2443
CITY: SAN JOSE	STATE: CA
CAPACITY: 148	ZIP CODE: 95135
TYPE OF VISIT: Office	CENSUS: 07/28/2023
MET WITH: JAMES DIAL	ANNOUNCED
	DATE: 07/28/2023
	TIME BEGAN: 11:00 AM
	TIME COMPLETED: 11:30 AM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: CHOW
3	Capacity: 148
4	Census (if any clients in care):
5	COMP II Participants: JAMES DIAL/ADMINISTRATOR
6	Interview Method: Telephone interview
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12	On 7/28/23, applicant/administrator participated in COMP II. Identification
13	of the applicant and administrator was verified through interview questions
14	based on photo ID and other identifying personal information. During COMP
15	II, applicant and administrator confirmed that they have read and understand
16	community care facility licensing laws included in the Health and Safety
17	Codes and the California Code of Regulations Title 22. Signed LIC 809 with
18	copy of photo ID have been obtained.
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22	
23	During COMP II, CAB analyst confirmed Applicant/Administrator's
24	understanding of following areas:
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

NAME OF LICENSING PROGRAM MANAGER: Mirella Quaranta

NAME OF LICENSING PROGRAM ANALYST: Stefania Fonteno

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/02/2023

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/02/2023

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