

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 435202937

Report Date: 09/25/2024

Date Signed: 09/25/2024 05:22:52 PM

Document Has Been Signed on 09/25/2024 05:22 PM - It Cannot Be Edited

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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	WATERMARK AT SAN JOSE, THE	FACILITY NUMBER:	435202937
ADMINISTRATOR/MORETTI-ACEVES,ELLA DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	1015 S BASCOM AVE	TELEPHONE:	(520) 797-4000
CITY:	SAN JOSE	STATE:	CA
CAPACITY:	205	CENSUS:	95128
TYPE OF VISIT:	Office	ANNOUNCED	09/25/2024
MET WITH:	CAROL PICKARD, MICHAEL HUGHES	TIME VISIT/ INSPECTION BEGAN:	10:00 AM
		TIME VISIT/ INSPECTION COMPLETED:	10:21 AM

NARRATIVE	
1	Facility Type: Residential Care Facility for the Elderly
2	Application Type: Initial
3	Capacity: 205
4	Census (if any clients in care): 0
5	COMP II Participants: CAROL PICKARD, MICHAEL HUGHES
6	Interview Method: Telephone interview
7	
8	
9	On September 25, 2024, applicant/administrator participated in COMP II.
10	Identification of the applicant and administrator was verified through interview
11	questions based on photo ID and other identifying personal information. During
12	COMP II, applicant and administrator confirmed the understanding of the California
13	Code Title 22 Regulations. Signed LIC 809 with copy of photo ID have been
14	obtained.
15	
16	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
17	following areas:
18	1. Facility operation: License type, client/resident populations, and program
19	2. Admission Policies
20	3. Staffing requirements & Training
21	4. Restricted/Prohibited Health Conditions
22	5. General provisions
23	6. Emergency Preparedness
24	
25	

7. Complaints & Reporting
8. Pre-licensing readiness

**NAME OF LICENSING PROGRAM MANAGER:** Jude De La Concepcion

**NAME OF LICENSING PROGRAM ANALYST:** Bethany Hunter

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 09/25/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 09/25/2024

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