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Department of

SOCIAL SERVICES

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

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	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
16	following areas:
17	
18	1. Facility operation: License type, client/resident populations, and program
19	
20	2. Admission Policies
21	
22	3. Staffing requirements & Training
23	
24	4. Restricted/Prohibited Health Conditions
25	
	5. General provisions
	6. Emergency Preparedness

- |   |
|---|
| 7. Complaints & Reporting<br>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.**