

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 435202959

Report Date: 03/12/2025

Date Signed: 03/12/2025 04:22:19 PM

Document Has Been Signed on 03/12/2025 04:22 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	BONITA SPRINGS SENIOR LIVING	FACILITY NUMBER:	435202959
ADMINISTRATOR/CERA, DULCE DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	1818 SCOTT BLVD	TELEPHONE:	(408) 380-4036
CITY:	SANTA CLARA	STATE:	CA
CAPACITY:	32	ZIP CODE:	95050
TYPE OF VISIT:	Prelicensing	CENSUS:	0
		DATE:	03/12/2025
		UNANNOUNCED TIME VISIT/ INSPECTION	02:00 PM
MET WITH:	Syeda Omer, Owner	BEGAN: TIME VISIT/ INSPECTION	04:30 PM
		COMPLETED:	

### NARRATIVE

1 On March 12, 2025 at 2:00 PM, Licensing Program Analysts (LPA) Kenneth Madrigal and Steve Chang  
2 conducted a Pre-licensing visit. LPAs met with Syeda Omer, Owner and Dulce Cera, Administrator  
3 (ADM) and was granted access to the facility.  
4

5 LPAs toured the facility inside and out with the ADM and the owner. On the first floor, there are 11  
6 resident bedrooms with each room having its own bathroom, one medication room, lobby area,  
7 recreation activity room, shower room, bathrooms, kitchen area, dining room, office, lounge, two small  
8 bathrooms, one accessible bathrooms, and 5 emergency exits. On the second floor, there are 5 resident  
9 rooms, and two emergency exits. LPAs observed the rights rights, resident council, theft policy,  
10 emergency disaster plan, and other forms that are viewed for display at the facility hallways. LPAs  
11 observed the areas for storing the locked medication and knives area. ADM stated that there no will be  
12 "live in staff", and there are no staff bedrooms. There is a fire alarm and carbon monoxide system that  
13 connects to all the fire alarms in the facility. LPAs observed a storage room in the backyard that the  
14 Owner stated that she does not have access to that space and does not own that property as the Owner  
15 is leasing the building, she does not have ownership of that storage room for the next 1 year to 1 year  
16 and half per the owner's contract.  
17

18 The current submitted floor plan to CAB Analyst and the physical plant on today's visit has minor  
19 differences. The designated rooms in the floor plan does not match the physical plant. ADM provided an  
20 updated floor sketch plan to LPAs. LPAs advised to submit this updated sketch floor to CAB Analyst.  
21

22 The current phone number on Field Automation System (FAS) is no longer in service. ADM stated that  
23 they have purchased a new phone line for the facility which is (669) 242 - 7150 and the facility is now  
24 using the new phone number and it was tested by ADM and LPAs. The fridge temperature was 40  
25 degrees F, the freezer temperature was recorded at 0 degrees F, and the water temperature is 120  
degrees F. The fire extinguisher was last serviced on June 10, 2024.

SUPERVISORS NAME: Jackie Jin

LICENSING EVALUATOR NAME: Kenneth Madrigal  
LICENSING EVALUATOR SIGNATURE:



DATE: 03/12/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/12/2025

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350  
SAN JOSE, CA 95131

### FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: BONITA SPRINGS SENIOR LIVING

FACILITY NUMBER: 435202959

VISIT DATE: 03/12/2025

#### NARRATIVE

1 Component III was presented to the ADM and the owner.

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3 LPAs provided a resource, Technical Support Program (TSP) with a URL link to ADM and the owner of  
4 the facility.

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6 An exit interview was conducted with ADM and the owner and a copy of this report was provided to  
7 them.

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SUPERVISORS NAME: Jackie Jin

LICENSING EVALUATOR NAME: Kenneth Madrigal

LICENSING EVALUATOR SIGNATURE:

DATE: 03/12/2025

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FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/12/2025