

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079201442
Report Date: 09/23/2025
Date Signed: 09/23/2025 04:12:26 PM

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION OAKLAND ASC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612 |
| FACILITY EVALUATION REPORT | |

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|--------------------------------------------|------------------------------------|---------------------------------------|------------------|
| FACILITY NAME: | BELMONT VILLAGE SAN RAMON | FACILITY NUMBER: | 079201442 |
| ADMINISTRATOR/COONS, JENNIFER DIRECTOR: | | FACILITY TYPE: | 740 |
| ADDRESS: | 1000 WALNUT DRIVE | TELEPHONE: | (925) 242-1000 |
| CITY: | SAN RAMON | STATE: CA | ZIP CODE: 94583 |
| CAPACITY: | 176 | CENSUS: 98 | DATE: 09/23/2025 |
| TYPE OF VISIT: | Case Management - Incident | UNANNOUNCED TIME VISIT/ INSPECTION | 03:00 PM |
| MET WITH: | Executive Director, Jennifer Coons | BEGAN: TIME VISIT/ INSPECTION | 04:30 PM |
| | | COMPLETED: | |

| NARRATIVE | |
|-----------|----------------------------------------------------------------------------------------------------------------|
| 1 | On 9/23/2025 at 3:00PM, Licensing Program Analyst (LPA) A Gomez arrived unannounced to conduct a |
| 2 | case management visit in regards to three incident reports received between 8/23/2025- 9/9/2025. LPA |
| 3 | met with Executive Director, Jennifer Coons and explained the reason for the visit. |
| 4 | |
| 5 | It was reported that on 8/23/2025 R1 had a fall that resulted in a right hip fracture. On 8/24/2025 R2 had |
| 6 | a fall that resulted in a right hip fracture. On 9/9/2025 R3 had a fall that resulted in a right hip fracture. |
| 7 | R1 and R3 are both memory care residents. LPA reviewed the footage of R1's fall and saw that it was |
| 8 | not at fault of anyone and that staff responded to the fall within seven minutes. R1 was transferred to the |
| 9 | hospital by paramedics and responsible parties notified. LPA interviewed Director of Resident Care |
| 10 | Services (DRCS) in regards to R2 and R3 falls and found that staff located R2 when staff came to assist |
| 11 | them with their morning ADL's. R2 did not activate their pendent however. R2 was also sent out to the |
| 12 | hospital and responsible parties notified. DRCS states that on the night of the fall when R3 came out of |
| 13 | their apartment to see what the noise was they fell. Staff located R3 quickly after the fall because they |
| 14 | were next door assisting another resident when it happened which is what initially woke R3 up. R3 was |
| 15 | transferred to the hospital by paramedics and responsible parties notified. R1 has since returned to the |
| 16 | facility with an updated care plan. R2 and R3 have not yet returned but will be reassessed before |
| 17 | returning. |
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| 19 | No deficiencies cited during visit. Exit interview conducted and a copy of this report provided. |
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NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios

NAME OF LICENSING PROGRAM ANALYST: Alona Gomez

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/23/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/23/2025

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

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a

deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.