

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435202509

Report Date: 01/05/2016

Date Signed 01/05/2016 05:51:51 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131	
FACILITY EVALUATION REPORT			
FACILITY NAME: VILA MONTE		FACILITY NUMBER:	435202509
ADMINISTRATOR: CYRIL INNEH		FACILITY TYPE:	740
ADDRESS:	17090 PEAK AVENUE	TELEPHONE:	(408) 386-6474
CITY:	MORGAN HILL	STATE: CA	ZIP CODE: 95037
CAPACITY:	30	CENSUS: 25	DATE: 01/05/2016
TYPE OF VISIT:	Prelicensing	UNANNOUNCED TIME BEGAN:	02:05 PM
MET WITH:	Donald Windham	TIME COMPLETED:	06:00 PM

NARRATIVE	
1	LPA Sarah Yip made an unannounced pre-licensing inspection today. Met with Donald, the
2	administrator. Cyril, the applicant, was not present. Administrator had placed a call to the applicant to
3	notify him of LPA's arrival. Facility was toured inside and out with Donald. The deficiencies were
4	observed and were cited under the current license. Residents were observed and interviewed during the
5	tour.
6	
7	Component II and III were conducted with the administrator.
8	
9	Applicant needs to verify with CCL the population that the facility intends to serve as the residents
10	currently residing in the facility are mentally ill residents. An updated plan of operation on admission
11	criteria needs to be submitted if there is a change in population served.
12	
13	In addition, the facility has surveillance camera in the common areas. The applicant needs to submit an
14	updated plan of operation on the following:
15	
16	1. updated plan of operation - description and purpose of the use of the video surveillance and how
17	resident's privacy and confidentiality will be protected; handling of recording, how the licensee will
18	secure the Internet feed of resident images; explain that this cannot have audio capability; steps taken
19	to secure the system from unauthorized access
20	2. Admission agreement and signed informed consent - describe the scope and use of the video
21	surveillance;
22	3. Statement of admission policies and procedures regarding acceptance of persons for services -
23	describe how video surveillance would not be utilized in any private area
24	4. Plan for training staff on using the video surveillance equipment, address how staff will protect the
25	privacy and confidentiality of residents.
	5. Staffing plan - video surveillance does not substitute for adequate staffing
	6. Facility sketch to show where each camera will be located and the area captured by the camera

SUPERVISOR'S NAME: Anthony Studebaker**TELEPHONE:** (408) 324-2112**LICENSING EVALUATOR NAME:** Sarah Yip**TELEPHONE:** (408) 324-2112**LICENSING EVALUATOR SIGNATURE:****DATE:** 01/05/2016**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 01/05/2016**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

LIC809 (FAS) - (06/04)

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