

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 380500593

Report Date: 01/15/2026

Date Signed: 01/15/2026 12:51:00 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BRUNO RO, 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/11/2025** and conducted by Evaluator Murial Han

PUBLIC	COMPLAINT CONTROL NUMBER: 14-AS-20251211155543
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FACILITY NAME: SEQUOIAS SAN FRANCISCO (THE)	FACILITY NUMBER: 380500593
ADMINISTRATOR: TERENCE TUMBALE	FACILITY TYPE: 741
ADDRESS: 1400 GEARY BLVD	TELEPHONE: (415) 922-9700
CITY: SAN FRANCISCO	STATE: CA
CAPACITY: 400	ZIP CODE: 94109
MET WITH: Roxann King	CENSUS: 352
	DATE: 01/15/2026
	UNANNOUNCED TIME BEGAN: 12:00 PM
	TIME COMPLETED: 01:00 PM

ALLEGATION(S):

1	Staff did not provide proper care to a resident
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INVESTIGATION FINDINGS:

1	On January 15, 2026, Licensing Program Analyst (LPA) Murial Han conducted an unannounced visit to
2	deliver the complaint investigation. LPA met with the Memory Care Director, Roxann King and explained
3	the purpose of today's visit.
4	
5	Regarding allegation of- staff did not provide proper care to a resident, the reporting party stated that
6	staff #1 (S1) observed resident #1(R1) was sleeping in a wet bed full of urine or with briefs above R1's
7	knees because night shift staff #2 (S2) did not clean R1.
8	
9	As part of the investigation, LPA interviewed the director and facility staff members and conducted
10	observation.
11	
12	LPA interviewed the director who stated that S1 is no longer working at the facility and the director
13	acknowledged that a few months ago, S1 reported a resident was not being cleaned by the CNA (S2) on
	the previous shift (night shift). Subsequently, the director went to observed R1 and witnessed the situation
	with R1 that was not as reported by S1 but the director provided one-to-one meeting/education to S2
	regarding the incident.

SUPERVISORS NAME: April Cowan
LICENSING EVALUATOR NAME: Murial Han
LICENSING EVALUATOR SIGNATURE:

DATE: 01/15/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/15/2026

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

LIC9099 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SAN BRUNO RO, 851 TRAEGER AVE., SUITE 360
SAN BRUNO, CA 94066

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: SEQUOIAS SAN FRANCISCO (THE)

FACILITY NUMBER: 380500593

VISIT DATE: 01/15/2026

NARRATIVE

1 LPA interviewed S2 who remembered the meeting/education with the director, however, denied leaving
2 resident in a wet bed full of urine or with briefs above their knees. S2 stated that he/she always made
3 sure the residents are cleaned and S2 also stated that it is common for a resident to urinate right after
4 they were cleaned and changed.

5
6 LPA interviewed 4 other staff members and all of them reported that they have not witnessed residents
7 sleeping in a wet bed full of urine or with briefs above the resident's knees from the previous shifts.

8
9 During LPA's visit on 12/18/2025, LPA observed R1 appeared to be well groomed, cleaned and
10 pleasant. LPA attempted to interview R1 but R1 did not remember staff not providing proper care.

11
12 Based on record review, observation and interviews during the investigation, this allegation is deemed to
13 be unsubstantiated as the director stated that she went to observed R1 after S1's reporting and she did
14 not observed R1 was in the condition that was described by S1. In addition, the director stated that re-
15 education was provided to S2 who denied the allegation. Furthermore, 4 out of 4 staff members stated
16 that they have not witnessed residents sleeping in a bed full of urine or with the briefs above their knees.
17

18
19 Although the above allegation may have happened or is valid, there is not a preponderance of evidence
20 to prove the alleged violation did or did not occur, therefore the allegation is UNSUBSTANTIATED.

SUPERVISORS NAME: April Cowan
LICENSING EVALUATOR NAME: Murial Han
LICENSING EVALUATOR SIGNATURE:

DATE: 01/15/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/15/2026