

# Department of SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

**Facility Number:** 380540203

**Report Date:** 01/29/2026

**Date Signed:** 01/29/2026 03:51:46 PM

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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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	BUENA VISTA MANOR HOUSE	FACILITY NUMBER:	380540203
ADMINISTRATOR/DIRECTOR:	ANGELINA GUZMAN	FACILITY TYPE:	740
ADDRESS:	399 BUENA VISTA EAST	TELEPHONE:	(415) 863-1721
CITY:	SAN FRANCISCO	STATE:	CA
CAPACITY:	87	ZIP CODE:	94117
TYPE OF VISIT:	Case Management - Incident	CENSUS:	74
		DATE:	01/29/2026
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	12:21 PM
MET WITH:	Hazel Castro and Angie Guzman, Co-Administrators	TIME VISIT/INSPECTION COMPLETED:	04:00 PM

### NARRATIVE

1 On 1/29/2026, Licensing Program Analyst(LPA) John Calandra arrived at the facility to conduct a Case  
2 Management visit in regards to a self-reported incident involving two residents and a staff member. LPA  
3 Calandra was greeted by Angie Guzman and Hazel Castro, Co-Administrators and explained the  
4 purpose of the visit.  
5  
6 According to the Administrator, R1 and R2 were sitting together when S1 asked R1 if they would like to  
7 go to their room as it was time for R1's medications. S1 reportedly spoke in a non-professional manner  
8 to R1 and shoved R2 when R2 was about to follow R1 to go back to their room. According to the  
9 Administrator, no injuries were sustained.  
10  
11 During the visit LPA collected the following documents:  
12 -Facility Roster  
13 -Staff schedule  
14  
15 Deficiencies are cited under the California Code of Regulations. Failure to correct the deficiencies by the  
16 POC due date may result in Civil Penalties.  
17  
18 An exit interview was conducted. A copy of this report along with Appeal Rights were provided.  
19  
20  
21  
22  
23  
24  
25

**NAME OF LICENSING PROGRAM MANAGER:** Brenda Chan  
**NAME OF LICENSING PROGRAM ANALYST:** John Calandra

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 01/29/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 01/29/2026

**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.

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**Created By: John Calandra On 01/29/2026 at 02:40 PM**  
**Link to Parent Document Below:**

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p><b>FACILITY EVALUATION REPORT (Cont)</b></p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES          COMMUNITY CARE LICENSING DIVISION          , 851 TRAEGER AVE., SUITE 360          SAN BRUNO, CA 94066</p>
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**FACILITY NAME:** BUENA VISTA MANOR HOUSE

**FACILITY NUMBER:** 380540203

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 01/29/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
<p>Type B 02/06/2026 Section Cited CCR 87468.1(a)(1)</p>	<p>1 87468.1(a)(1) Personal Rights of 2 Residents in All Facilities: Residents in 3 all residential care facilities for the 4 elderly shall have all of the following 5 personal rights: To be accorded dignity 6 in their personal relationships with staff, 7 residents, and other persons. This requirement is not met as evidenced by:</p>	<p>1 Licensee will conduct another training 2 on the subject of Personal Rights and 3 will conduct the training each quarter. 4 Licensee will also talk to staff and let 5 them know they can speak to us and 6 offer them time off if they need it. 7</p>
<p>8 9 10 11 12 13 14</p>	<p>Based on interviews, the Licensee did not ensure that residents in their facility were accorded dignity in their personal relationships with staff when R1 and R2 were spoken to in a non-dignified manner which is a potential health, safety, or personal rights risk to persons in care.</p>	<p>8 9 10 11 12 13 14</p>
<p>1 2 3 4 5 6 7</p>	<p></p>	<p>1 2 3 4 5 6 7</p>
<p>1 2 3 4 5 6 7</p>	<p></p>	<p>1 2 3 4 5 6 7</p>

**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Brenda Chan
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	John Calandra

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 01/29/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 01/29/2026