

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 380540292
Report Date: 12/10/2024
Date Signed: 12/10/2024 03:35:33 PM

Unfounded

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 **11/22/2024** and conducted by Evaluator Dominic Tobola

	COMPLAINT CONTROL NUMBER: 14-AS-20241122165817
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FACILITY NAME: SAN FRANCISCO TOWERS	FACILITY NUMBER: 380540292
ADMINISTRATOR: MARK NITSCH	FACILITY TYPE: 741
ADDRESS: 1661 PINE STREET	TELEPHONE: (415) 776-0500
CITY: SAN FRANCISCO	ZIP CODE: 94109
CAPACITY: 350	DATE: 12/10/2024
MET WITH: Ryan Banner, Healthcare Director	UNANNOUNCED TIME BEGAN: 03:00 PM
	TIME COMPLETED: 03:45 PM

ALLEGATION(S):

1	Facility did not provide resident records upon legal request
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INVESTIGATION FINDINGS:

1	On 12/10/2024, Licensing Program Analyst (LPA) Tobola arrived unannounced for the purpose of
2	delivering complaint investigation findings and was greeted by Ryan Banner, Healthcare Administrator.
3	LPA interviewed staff, outside parties and reviewed records during the course of the investigation.
4	
5	Complaint alleges, Facility did not provide resident records upon legal request. Based upon interviews
6	and information provided by Executive Director (S1) and Healthcare Administrator (S2), LPA found that
7	the facility received notification from legal attorney's office representing former resident, (R1). The letter
8	request was dated 9/27/2024 and received by the facility on 9/30/2024. Based upon review of facility
9	records, LPA found that S2 had been in contact with the attorney's office and provided all requested
10	documents regarding R1 beginning 10/2/2024 with a final date of all records provided by 10/8/2024. The
11	facility had complied with the legal record request and provided R1's records within a timely manner.
12	
13	This agency has investigated the complaint allegation listed above. We have found that the complaint
	allegation was UNFOUNDED, meaning that the allegation was false, could not have happened and/or is
	without a reasonable basis. No deficiencies cited.

Unfounded

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Andrea Medlin

NAME OF LICENSING PROGRAM ANALYST: Dominic Tobola

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 12/10/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/10/2024

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