

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 385600235
Report Date: 06/03/2026
Date Signed: 06/03/2026 11:25:28 AM

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 **05/29/2026** and conducted by Evaluator Jaime Vado

PUBLIC	COMPLAINT CONTROL NUMBER: 14-AS-20260529090632
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FACILITY NAME:	KOKORO ASSISTED LIVING	FACILITY NUMBER:	385600235
ADMINISTRATOR:	BRYCE SAXTON	FACILITY TYPE:	740
ADDRESS:	1881 BUSH ST	TELEPHONE:	(415) 776-8066
CITY:	SAN FRANCISCO	STATE:	CA
CAPACITY:	61	ZIP CODE:	94109
		CENSUS:	54
		DATE:	06/03/2026
		UNANNOUNCED TIME BEGAN:	09:30 AM
MET WITH:	Administrator - Bryce Saxton	TIME COMPLETED:	12:00 PM

ALLEGATION(S):

1	- Staff does not ensure facility is kept free of pests
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INVESTIGATION FINDINGS:

1	On 06/03/2026, Licensing Program Analyst (LPA) conducted an uannaounced complaint investigation
2	visit to investigate the allegation received. LPA met with administrator Bryce Saxton and explained the
3	purpose of today's visit.
4	
5	LPA toured the dining room area and the second floor of the facility based on the allegation details
6	identifying the second floor. LPA toured with the administrator Bryce Saxton. LPA observed various pest
7	control interventions in place through out the facility. Additionally LPA was able to reveiw and obtain
8	copies of pest control invoices showing that pest control has been in place and pest control visit the
9	facility regularly, two times a month according to the administrator to be aggressive in the pest control.
10	LPA did not observe any pests during today's observations and was able to confirm that there are
11	interventions and plans alredy in place that have been ongoing since at least December 2025. The
12	management company of the faciltiy changed in 2025 and those records dating back to March of 2025
13	are not retrievable. Pest control was in place by a different pest control company prior to December 2025. Based on observations made and records reveiwed this allegation is unsubstantiated.
	Based on these observations, the above allegations are UNSUBSTANTIATED.
	Although the allegations may have happened or is valid, there is not a preponderance of evidence to

prove the alleged violations did or did not occur, therefore the above allegations are unsubstantiated at this time. Report is reviewed with the administrator and a copy is provided on this day.

Unsubstantiated

Estimated Days of Completion:

SUPERVISORS NAME: April Cowan

LICENSING EVALUATOR NAME: Jaime Vado

LICENSING EVALUATOR SIGNATURE:

DATE: 06/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/03/2026

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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