

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 385600270
Report Date: 09/22/2022
Date Signed: 09/22/2022 02:18:58 PM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SF COASTAL AC/SC, 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 **08/11/2022** and conducted by Evaluator Murial Han

PUBLIC	COMPLAINT CONTROL NUMBER: 14-AS-20220811155115
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FACILITY NAME: ALMA VIA OF SAN FRANCISCO	FACILITY NUMBER: 385600270
ADMINISTRATOR: ALAN FOX	FACILITY TYPE: 740
ADDRESS: ONE THOMAS MORE WAY	TELEPHONE: (415) 337-1339
CITY: SAN FRANCISCO	STATE: CA ZIP CODE: 94132
CAPACITY: 175	CENSUS: 116 DATE: 09/22/2022
MET WITH: Administrator, Alan Fox	UNANNOUNCED TIME BEGAN: 01:15 PM
	TIME COMPLETED: 02:30 PM

ALLEGATION(S):

1	Staff is not allowing residents to leave the facility.
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INVESTIGATION FINDINGS:

1	On 9/22/2022, Licensing Program Analyst (LPA) Murial Han conducted an unannounced visit to deliver
2	the findings of complaint # 14-AS-2-220811155115. LPA met with the administrator and explained the
3	purpose to today's visit.
4	
5	Regarding allegation of - staff is not allowing residents to leave the facility, the reporting party stated that
6	resident #1 (R1) and resident #2 (R2) are a couple and after their recent hospitalization, R1 agreed to go
7	to Alma Via Of San Francisco for a short stay and on the day that R1 requested to return home with R2,
8	facility staff stopped them from leaving the facility.
9	
10	As part of the investigation, LPA interviewed the facility administrator and R1.
11	
12	According to the administrator, it was a misunderstanding from the facility which prevented R1 and R2
13	from leaving. The administrator stated that on the day of the discharge, the facility did not stop R1 from
	leaving, however, R1 wanted to take R2 as well but R2 was not capable of making that decision and the
	facility staff reviewed R2's General Durable Power of Attorney and other documents and concluded

incorrectly that family member had authority to make decision on behave of R2 but in fact, R1 had the authority to make decision for R2.

Substantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Jackie Jin
NAME OF LICENSING PROGRAM ANALYST: Murial Han
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/22/2022

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/22/2022

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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Control Number 14-AS-20220811155115

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SF COASTAL AC/SC, 851 TRAEGER AVE., SUITE 360
SAN BRUNO, CA 94066

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: ALMA VIA OF SAN FRANCISCO

FACILITY NUMBER: 385600270

VISIT DATE: 09/22/2022

NARRATIVE

- 1 According to R1, a couple of weeks ago, R1 wanted to leave the facility with R2, however, they were
- 2 stopped by staff at the front door and R1 was told that their family member wanted them to remain at the
- 3 facility.
- 4
- 5 LPA reviewed the General Durable Power of Attorney and it indicated R1 as the Initial Attorney in Fact
- 6 and other family members listed as Successor Attorney in Fact to make decisions if R1 fails to serve as
- 7 the Initial Attorney in Fact.
- 8
- 9 After investigation, this allegation is substantiated; the facility did not follow Title 22 Division 6 Section
- 10 87468.1- Personal Rights Of Residents in All Facilities- residents have the right to leave and depart the
- 11 facility at any time as the facility prevented R1 and R2 from leaving the facility.
- 12
- 13 On 9/22/2022, the administrator reported that R1 and R2 have returned home.
- 14
- 15 Based on interview, observation and record review during the investigation, the preponderance of
- 16 evidence standard has been met. Therefore, this allegations were determined to be substantiated.
- 17 Deficiencies of the California Code of Regulations, Title, 22 cited on the LIC9099-D. Failure to correct
- 18 the deficiencies may result in civil penalties.
- 19
- 20
- 21 Report was discussed with Administrator, and Appeal Rights provided.
- 22
- 23 A copy of this report is provided.
- 24
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NAME OF LICENSING PROGRAM MANAGER: Jackie Jin
NAME OF LICENSING PROGRAM ANALYST: Murial Han
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/22/2022

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/22/2022

Control Number 14-AS-20220811155115

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SF COASTAL AC/SC, 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066
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FACILITY NAME: ALMA VIA OF SAN FRANCISCO

FACILITY NUMBER: 385600270

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 09/22/2022

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 10/05/2022 Section Cited CCR 87468.1(a)(6)	1 87468.1 Personal Rights of Residents 2 in All Facilities..(a) Residents in all 3 residential care facilities for the elderly 4 shall have all of the following personal 5 rights:..(6)To leave or depart the facility 6 at any time and to not 7	1 The administrator will review the 2 regulation and provide in-services to 3 staff. The administrator will provide a 4 copy of the in-service sign-in sheet to 5 CCL by the plan of correction due date 6 10/5/2022. 7
	8 be locked into any room, building, or on 9 facility premises by day or night..This 10 requirement was not met as evidenced 11 by facility staff prevented R1 and R2 12 from leaving the facility which posed a 13 potential health and safety risks for 14 persons in care.	
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

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

NAME OF LICENSING PROGRAM MANAGER: Jackie Jin
NAME OF LICENSING PROGRAM ANALYST: Murial Han
LICENSING PROGRAM ANALYST SIGNATURE: _____ **DATE:** 09/22/2022

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FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 09/22/2022