

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 385600270
Report Date: 03/02/2021
Date Signed: 08/01/2023 11:47:44 AM

Document Has Been Signed on 08/01/2023 11:47 AM - It Cannot Be Edited

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
FACILITY EVALUATION REPORT	

FACILITY NAME: ALMA VIA OF SAN FRANCISCO	FACILITY NUMBER: 385600270
ADMINISTRATOR: BENITO DEL TORO	FACILITY TYPE: 740
ADDRESS: ONE THOMAS MORE WAY	TELEPHONE: (415) 337-1339
CITY: SAN FRANCISCO	STATE: CA
CAPACITY: 175	ZIP CODE: 94132
TYPE OF VISIT: Case Management - Other	CENSUS: 99
MET WITH: Executive Director, Benito Del Toro	DATE: 03/02/2021
	UNANNOUNCED TIME BEGAN: 03:28 PM
	TIME COMPLETED: 04:00 PM

NARRATIVE	
1	On 3/1/2021, LPA Han conducted an unannounced Case Management Inspection regarding to some
2	concerns were reported to the San Bruno Regional Office relating to the facility's COVID-19 protocols.
3	
4	At 3:28PM, LPA Han spoke to the Executive Director, Benito Del Toro and requested for the following
5	documents:
6	
7	- Facility's Roaster
8	- Facility's COVID-19 updates
9	
10	The Executive Director will provide the above reports to LPA Han by 3/3/2021.
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12	LPA Han has reviewed this report with the Administrator, Benito Del Toro and will provide this report to
13	him for signature.
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20	signed LIC 809.pdf
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25	

NAME OF LICENSING PROGRAM MANAGER: Brenda Chan NAME OF LICENSING PROGRAM ANALYST: Murial Han

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/02/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/02/2021

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