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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 385600360
Report Date: 06/17/2026
Date Signed: 06/17/2026 11:17:37 AM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BRUNO RO, 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/15/2026** and conducted by Evaluator Grace Donato

PUBLIC	COMPLAINT CONTROL NUMBER: 14-AS-20260615132947

FACILITY NAME:	VICTORIAN MANOR			**FACILITY NUMBER:**	385600360
ADMINISTRATOR:	ANA PACHECO			**FACILITY TYPE:**	740
ADDRESS:	1444 MCALLISTER STREET			**TELEPHONE:**	(415) 921-7550
CITY:	SAN FRANCISCO	**STATE:** CA		**ZIP CODE:**	94115
CAPACITY:	124	**CENSUS:** 97		**DATE:**	06/17/2026
		UNANNOUNCED		**TIME BEGAN:**	09:30 AM
MET WITH:	Ana Pacheco			**TIME COMPLETED:**	11:00 AM

ALLEGATION(S):

1	Staff removed personal property from resident's room without authorization.
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INVESTIGATION FINDINGS:

1	On 6/17/2026 LPA Grace Donato conducted an unannounced 10-day complaint inspection. LPA Donato
2	met with Administrator, Ana Pacheco and explained the purpose of today's visit.
3	
4	Regarding the allegation of Staff removed personal property from resident's (R1) room without
5	authorization. R1 had a refrigerator brought in by a friend. Per facility protocol, items like refrigerators or
6	microwave oven are not allowed in the residents rooms. R1 was advised by staff (S1) that the refrigerator
7	will be removed and stored somewhere in the facility. LPA observed that other residents in the facility
8	don't have these items on their rooms.
9	
10	Based on interviews and observations, the department has determined that although the allegation may
11	have happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or
12	did not occur, therefore the allegations are UNSUBSTANTIATED.
13	
	Report is reviewed and copy is provided.

Unsubstantiated	Estimated Days of Completion:

SUPERVISORS NAME: Brenda Chan
LICENSING EVALUATOR NAME: Grace Donato
LICENSING EVALUATOR SIGNATURE:
DATE: 06/17/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/17/2026

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