

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 385600360
Report Date: 12/11/2024
Date Signed: 12/11/2024 01:00:01 PM

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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
FACILITY EVALUATION REPORT	

FACILITY NAME:	VICTORIAN MANOR	FACILITY NUMBER:	385600360
ADMINISTRATOR/DIRECTOR:	ANA PACHECO	FACILITY TYPE:	740
ADDRESS:	1444 MCALLISTER STREET	TELEPHONE:	(415) 921-7550
CITY:	SAN FRANCISCO	STATE:	CA
CAPACITY:	124	ZIP CODE:	94115
TYPE OF VISIT:	Required - 1 Year	CENSUS:	94
		DATE:	12/11/2024
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	09:32 AM
MET WITH:	Bernadette Joseph, Licensee & Ana Pacheco, Administrator	TIME VISIT/INSPECTION COMPLETED:	01:00 PM

NARRATIVE	
1	On 12/11/2024, Licensing Program Analyst (LPA) Dominic Tobola conducted an unannounced annual
2	inspection and was greeted by Licensee, Bernadette Joseph. Administrator, Ana Pacheco was
3	contacted and arrived later in the visit. Facility provides care for 94 residents, none of which receiving
4	hospice services and some of which with a diagnosis of dementia.
5	
6	LPA continued with a tour of the facility with staff, facility found to be clean and at a comfortable
7	temperature with all exits free from obstruction. Resident's bedrooms, common areas, kitchen & food
8	storage areas were inspected. Fire Extinguishers located on each resident floor, kitchen and common
9	spaces were found to be charged. Facility is equipped with smoke and carbon monoxide detectors and
10	fire safety systems monitored and serviced by outside agencies. LPA tested multiple carbon monoxide
11	detectors all of which were found to be in working order.
12	
13	There was a sufficient supply of both perishable and nonperishable foods as required, with food stored
14	in the kitchen, sufficient for residents in care. Food supply is replenished weekly and stored in proper
15	conditions. Facility provides a wide variety of meal preferences and preparation while also ensuring
16	proper dietary restrictions are followed. Cleaning supplies and other toxins are safely stored in locked
17	closets throughout each floor, all of which were secured upon inspection. There was a supply of hygiene
18	products and paper products available for residents. All resident's bedrooms have lighting & appropriate
19	furnishings and bedding items.
20	
21	Residents that were out in the community during the inspection were observed interacting with staff and
22	fellow residents in the common areas, participating in activities and exercise. LPA observed residents to
23	have a positive relationship with staff and the Administrator. The facility encourages regular family visits
24	with various common areas, private visitation room and a large patio space with shading for resident
25	use. Continued onto LIC809-C

NAME OF LICENSING PROGRAM MANAGER: Andrea Medlin

NAME OF LICENSING PROGRAM ANALYST: Dominic Tobola

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/11/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/11/2024

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

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

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: VICTORIAN MANOR

FACILITY NUMBER: 385600360

VISIT DATE: 12/11/2024

NARRATIVE

1 LPA conducted a sample file review for residents and found dementia diagnosis residents' (R1 & R2)
2 medical assessments in need of updating. All other resident records were found to be in order. Technical
3 Violation. Upon a spot check of staff files, LPA found that caregiver staff have all annual training
4 completed, however not all staff have 1st aid training completed. In addition, CPR certified staff were not
5 present until the following afternoon shift. LPA found that the facility has previously been in contact with
6 outside training agency for 1st aid & CPR but pending confirmed training date. Administrator to provide
7 LPA with confirmed training date and proof of certification once completed. Technical Violations issued.
8 Lastly, A spot check of medications was conducted and found that all medication counts, records and
9 protocols are in order.

10
11 Ana Pacheco's Administrator Certificate **7001634740** is currently active through 11/13/2025

12
13 LPA requested the following documents be sent to CCL by COB 12/31/2024:

- 14
- 15 **LIC 308 Designated Facility Responsibility**
- 16 **LIC 500 Personnel Summary**
- 17 **LIC 610 Emergency Disaster Plan**
- 18 **Liability Insurance**
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21 **No deficiencies cited during today's visit.**

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NAME OF LICENSING PROGRAM MANAGER: Andrea Medlin

NAME OF LICENSING PROGRAM ANALYST: Dominic Tobola

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 12/11/2024

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/11/2024