

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 385600423

Report Date: 11/14/2020

Date Signed: 11/14/2020 04:21:12 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066
FACILITY EVALUATION REPORT	

FACILITY NAME:	SAGEBROOK SENIOR LIVING AT SAN FRANCISCO FACILITY	385600423
ADMINISTRATOR:	ANGELA L BOUCHER-TURIN	
ADDRESS:	2750 GEARY BLVD	
CITY:	SAN FRANCISCO	STATE: CA
CAPACITY:	111	CENSUS: 55
TYPE OF VISIT:	Case Management - Other	UNANNOUNCED
MET WITH:	Todd Murray	
	NUMBER:	385600423
	FACILITY TYPE:	740
	TELEPHONE:	(415) 346-0246
	ZIP CODE:	94118
	DATE:	11/14/2020
	TIME BEGAN:	03:13 PM
	TIME COMPLETED:	04:00 PM

NARRATIVE	
1	On 11/14/20 Licensing Program Analyst (LPA) Chris Hopkins conducted an
2	unannounced case management. LPA met with Todd Murray via tele-visit due to
3	Covid-19 procedures and explained the purpose of the tele-visit.
4	
5	
6	Given the present pandemic, this facility is being closely monitored by the local
7	department of health (LDH) and Department of Social Services. This facility is
8	required to submit a daily report ("linelist") to both, LDH and Community Care
9	Licensing (CCL) specifying any changes related to the pandemic. The facility has
10	been inconsistent in submitting such linelist, and failed to submit it to CCL on 11/10,
11	11/11, and 11/12.
12	
13	
14	Furthermore, as part of the present pandemic, facilities are required to report any
15	epidemic outbreak related issues within 24 hours. A staff tested COVID-19 positive
16	on 11/6 and the case was not reported to CCL until 11/12. Moreover, LPA Raygoza
17	requested staff roster on 11/11 and 11/12, but the roster was not submitted to CCL.
18	
19	
20	Deficiencies were given pursuant to Title 22 rules and regulations, Health and Safety
21	Codes. An exit interview was conducted with Travis. A copy of this report was
22	provided to Travis via email, due to COVID-19 precautionary measures
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Julio Montes
NAME OF LICENSING PROGRAM ANALYST: Christopher Hopkins-Clarke

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/14/2020

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/14/2020

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

Citations on this Visit Report are Under Appeal!

Created By: Christopher Hopkins-Clarke On 11/14/2020 at 02:50 PM

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: SAGEBROOK SENIOR LIVING AT SAN FRANCISCO

FACILITY NUMBER: 385600423

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 11/14/2020

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Under Appeal Type B 11/16/2020 Section Cited	1 87211 (a) Reporting Requirements - 2 Each licensee shall furnish to the 3 licensing agency such reports as the 4 Department may require. This 5 requirement is not met as evidenced 6 by: 7		
	8 The licensee failed to submit the 9 required daily linelist on 11/10, 11/11 10 and 11/12 to CCL, which poses a 11 potential health and safety risk to 12 residents in care. 13 14	8 9 10 11 12 13 14	
Under Appeal Type B 11/16/2020 Section Cited	1 87211(a)(2)-Reporting Requirements 2 - Each licensee shall furnish to the 3 licensing agency such reports as the 4 Department may require, including, 5 but not limited to, the following: (2) 6 Occurrences, such as epidemic 7 outbreaks, poisonings, catastrophes or major accidents which threaten the welfare, safety or health of residents, personnel or visitors, shall be reported within 24 hours either by telephone or facsimile to the licensing agency and to the local health officer when appropriate. This requirement is not met as evidenced by:		
	8 A staff member tested positive for 9 COVID-19 on 11/6, but facility failed	8 9	

10	to report such incident until 11/12.	10	
11	Licensee did not ensure the incident	11	
12	was reported within 24 hours which	12	
13	poses a potential health and safety	13	
14	risk to residents in care.	14	

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

SUPERVISOR'S NAME: Julio Montes	
LICENSING EVALUATOR NAME: Christopher Hopkins-Clarke	
LICENSING EVALUATOR SIGNATURE: 	DATE: 11/14/2020
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE: 	
	DATE: 11/14/2020

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Created By: Christopher Hopkins-Clarke On 11/14/2020 at 03:55 PM
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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: SAGEBROOK SENIOR LIVING AT SAN FRANCISCO

FACILITY NUMBER: 385600423

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 11/14/2020

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type B 11/16/2020 Section Cited	1 87412 (f) Personnel Records: All 2 personnel records shall be available 3 to the licensing agency to inspect, 4 audit, and copy upon demand during 5 normal business hours. This 6 requirement is not met as evidenced 7 by:		
	8 Facility failed to submit staff roster as 9 requested by LPA Raygoza on 11/11 10 and 11/12, which poses a potential 11 health and safety risk to residents in 12 care. 13 14	8 9 10 11 12 13 14	
	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.

SUPERVISOR'S NAME:	Julio Montes
LICENSING EVALUATOR NAME:	Christopher Hopkins-Clarke
LICENSING EVALUATOR SIGNATURE:	
	DATE: 11/14/2020

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

FACILITY REPRESENTATIVE SIGNATURE:	
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