

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 385600429
Report Date: 11/19/2020
Date Signed: 11/19/2020 05:11:14 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: COVENTRY PLACE	FACILITY NUMBER: 385600429
ADMINISTRATOR: MARK NITSCHKE	FACILITY TYPE: 740
ADDRESS: 1550 SUTTER STREET	TELEPHONE: (415) 921-1552
CITY: SAN FRANCISCO	STATE: CA
CAPACITY: 210	ZIP CODE: 94109
TYPE OF VISIT: Case Management - Incident	CENSUS: 11/19/2020
MET WITH: The Executive Director, Mark Nitsche	UNANNOUNCED TIME BEGAN: 02:00 PM
	TIME COMPLETED: 05:00 PM

NARRATIVE	
1	On 11/19/2020, LPA Han and LPA Garcia conducted a Case Management inspection in response to an
2	Unusual Incident that the facility has report. Due to the Pandemic, LPAs are conducting this inspection
3	remotely.
4	
5	In summary, LPAs interviewed:
6	1. Resident 1 (R1)
7	2. The Executive Director
8	
9	LPAs requested for following documents:
10	
11	1. R1 Medical Record for the ER visit on 11/9/2020
12	2. R1 Medical Record for the doctor's visit on 11/9/2020
13	3. Staff training records on Reporting
14	4. Executive Director's investigation summary pertaining to the incident
15	5. Staffing schedule (24 hours) for 11/6/2020, 11/7/2020 and 11/8/2020
16	6. R1's dining schedule for 11/6/20, 11/7/20 and 11/8/20
17	7. R1's daughter contact information
18	
19	
20	The Executive Director stated that the above documents will be submitted via email to LPA Han within
21	24 hours.
22	
23	LPA emailed the on-line copy of the report to the Executive Director for signature.
24	
25	

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

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/19/2020

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/19/2020

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