

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 385601045
Report Date: 07/18/2025
Date Signed: 07/18/2025 11:50:13 AM

Substantiated

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/02/2025** and conducted by Evaluator Yi Sam Jian

	COMPLAINT CONTROL NUMBER: 14-AS-20250502104955
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FACILITY NAME: PORTOLA GARDENS	FACILITY NUMBER: 385601045
ADMINISTRATOR: GREGORY K BOGART	FACILITY TYPE: 740
ADDRESS: 350 UNIVERSITY ST	TELEPHONE: (415) 337-1587
CITY: SAN FRANCISCO	ZIP CODE: 94134
CAPACITY: 104	DATE: 07/18/2025
MET WITH: Gregory Bogart	UNANNOUNCED TIME BEGAN: 09:06 AM
	TIME COMPLETED: 12:14 PM

ALLEGATION(S):

1	-Resident was not accorded dignity in their relationship with staff and other residents
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INVESTIGATION FINDINGS:

1	On 07/18/2025 Licensing Program Analysts (LPAs) Yi Sam Jian met with staffing coordinator, Lea
2	Salazar, to conduct a complaint investigation. Purpose of visit explained. Administrator, Gregory Bogart
3	arrived later during the visit. LPA gathered information relevant to allegations. LPA conducted staff
4	interviews.
5	
6	Regarding the allegation that Resident was not accorded dignity in their relationship with staff and other
7	residents, multiple staff confirmed the comment was made and found it inappropriate. Staff's comment
8	and lack of understanding regarding resident dignity and privacy policies constitute a violation of
9	residents' personal rights. Based on interviews and file reviews during the course of the investigation it
10	was determined that the preponderance of evidence standard has been met, therefore the allegations
11	above are found to be SUBSTANTIATED.
12	
13	The deficiency is cited in accordance with California Code of Regulations, Title 22 Division 6, Chapter 8
	and is noted on the attached LIC 9099-D. Report is reviewed with administrator and a copy is provided.

Substantiated	Estimated Days of Completion:
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NAME OF LICENSING PROGRAM MANAGER: April Cowan	
NAME OF LICENSING PROGRAM ANALYST: Yi Sam Jian	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 07/18/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/18/2025
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This report must be available at Child Care and Group Home facilities for public review for 3 years.
 LIC9099 (FAS) - (06/04) Page: 1 of 3
Control Number 14-AS-20250502104955

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BRUNO RO, 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066
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FACILITY NAME: PORTOLA GARDENS **FACILITY NUMBER:** 385601045
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 07/18/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 07/28/2025 Section Cited CCR 87468.1(a)(1)	1 Personal Rights requirement: Residents 2 in all residential care facilities for the 3 elderly shall...be accorded dignity in 4 their personal relationships with staff, 5 residents 6 7	1 The Administrator shall develop and 2 implement a plan to ensure all staff fully 3 understand and uphold residents' right 4 to dignity in interactions with staff and 5 resident. A copy must be submitted to 6 CCL by the POC due date. Failure to 7 comply may result in a civil penalty.
	1 2 3 4 5 6 7	
	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.

NAME OF LICENSING PROGRAM MANAGER: April Cowan	
NAME OF LICENSING PROGRAM ANALYST: Yi Sam Jian	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 07/18/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/18/2025
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FACILITY NAME: PORTOLA GARDENS**FACILITY NUMBER:** 385601045**ADMINISTRATOR:** GREGORY K BOGART**FACILITY TYPE:** 740**ADDRESS:** 350 UNIVERSITY ST**TELEPHONE:** (415) 337-1587**CITY:** SAN FRANCISCO**STATE:** CA**ZIP CODE:** 94134**CAPACITY:** 104**CENSUS:****DATE:** 07/18/2025**MET WITH:** Gregory Bogart**UNANNOUNCED TIME BEGAN:**

09:06 AM

TIME**COMPLETED:**

12:14 PM

ALLEGATION(S):

- | | |
|---|--|
| 1 | Resident was denied the rights to file a complaint |
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INVESTIGATION FINDINGS:

- | | |
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| 1 | Regarding the allegation that a resident was denied the right to file a complaint, resident interviews |
| 2 | revealed no instances where residents were prevented from exercising this right. |
| 3 | |
| 4 | The Department has investigated the above allegations. The allegations are UNSUBSTANTIATED. |
| 5 | Although the allegations may have happened or are valid, there is not a preponderance of evidence to |
| 6 | prove the alleged violations did or did not occur, therefore the allegations are unsubstantiated. |
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Unsubstantiated**Estimated Days of Completion:****NAME OF LICENSING PROGRAM MANAGER:** April Cowan**NAME OF LICENSING PROGRAM ANALYST:** Yi Sam Jian**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 07/18/2025

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 07/18/2025

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