

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 385601116

Report Date: 01/28/2022

Date Signed: 02/02/2022 02:11:45 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, 744 P STREET, MS 9-14-8201 SACRAMENTO, CA 95814
FACILITY EVALUATION REPORT	

FACILITY NAME: COTERIE CATHEDRAL HILL	FACILITY NUMBER: 385601116
ADMINISTRATOR: LALOYAN, SIRUN SARAH	FACILITY TYPE: 740
ADDRESS: 1001 VAN NESS BLVD	TELEPHONE: (415) 915-6615
CITY: SAN FRANCISCO	STATE: CA
CAPACITY: 260	ZIP CODE: 94109
TYPE OF VISIT: Office	CENSUS: 0
MET WITH: Sirun Sarah Laloyan	ANNOUNCED
	DATE: 01/28/2022
	TIME BEGAN: 10:00 AM
	TIME COMPLETED: 10:30 AM

NARRATIVE	
1	Facility Type: Residential Care Facility for the Elderly
2	Application Type: Initial
3	Capacity: 260
4	Census (if any clients in care): 0
5	COMP II Participants: Sarah Sirun Laloyan
6	Interview Method: Telephone interview
7	On January 28, 2022, applicant/administrator participated in COMP II. Identification
8	of the applicant and administrator was verified through interview questions based on
9	photo ID and other identifying personal information. During COMP II, applicant and
10	administrator confirmed the understanding of the California Code Title 22
11	Regulations. Signed LIC 809 with copy of photo ID have been obtained.
12	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
13	following areas:
14	1. Facility operation: License type, client/resident populations, and program
15	2. Admission Policies
16	3. Staffing requirements & Training
17	4. Restrictive/Prohibited Health Conditions
18	5. General provisions
19	6. Emergency Preparedness
20	7. Complaints & Reporting
21	8. Pre-licensing readiness
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Jude De La Concepcion
NAME OF LICENSING PROGRAM ANALYST: Bethany Hunter

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/28/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/28/2022

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