

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 410508359

**Report Date:** 10/06/2022

**Date Signed:** 10/06/2022 03:39:00 PM

**Document Has Been Signed on 10/06/2022 03:39 PM - It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SF COASTAL AC/SC, 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	PENINSULA REGENT (THE)	FACILITY NUMBER:	410508359
ADMINISTRATOR:	MARIANNE NANNESTAD	FACILITY TYPE:	741
ADDRESS:	1 BALDWIN AVENUE	TELEPHONE:	(650) 579-5500
CITY:	SAN MATEO	STATE: CA	94401
CAPACITY:	435	CENSUS: 196	DATE: 10/06/2022
TYPE OF VISIT:	Case Management - Health Checks	UNANNOUNCED	TIME BEGAN: 02:45 PM
MET WITH:	Leona Martin	TIME COMPLETED:	03:45 PM

<b>NARRATIVE</b>	
1	LPA Jeung and LPM Smith met with director of health and wellness in response to Death Report
2	submitted on 10/4/22. Admission agreement for client was provided, as well as information regarding
3	facility monitoring of independent residents.
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5	Staff schedule and client rosters are obtained.
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7	No deficiencies cited today.
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**NAME OF LICENSING PROGRAM MANAGER:** Cara Smith

**NAME OF LICENSING PROGRAM ANALYST:** Audrey Jeung

**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 10/06/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 10/06/2022

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