

Department of

# SOCIAL SERVICES

*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	ZIP CODE: 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.**