

## Community Care Licensing

# FACILITY EVALUATION REPORT

**Facility Number:** 415600223

**Report Date:** 03/11/2024

**Date Signed:** 03/12/2024 09:47:56 AM

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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:	STERLING COURT	FACILITY NUMBER:	415600223
ADMINISTRATOR:	CHARLES, SARAH ST.	FACILITY TYPE:	740
ADDRESS:	850 NO. EL CAMINO REAL	TELEPHONE:	(650) 344-8200
CITY:	SAN MATEO	STATE: CA	ZIP CODE: 94401
CAPACITY:	24	CENSUS: 17	DATE: 03/11/2024
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME BEGAN:	09:45 AM
MET WITH:	Sarah St. Charles & Novie Villafuerte	TIME COMPLETED:	05:00 PM

NARRATIVE	
1	LPA Audrey Jeung toured facility, which consists of 21 assisted living apartments on the ground floor of this four story community, including a designated dining room. There are no accessible bodies of water or fire safety hazards observed. Operable carbon monoxide detectors are installed in all apartments and tested. Medications and sharps are stored in locked medication room--inaccessible to clients--a comfortable temperature is maintained, passageways are clear, and lighting is sufficient for comfort and safety. Toilet and bathing facilities are equipped with grab bars and nonskid flooring material and hygiene supplies are maintained. Food supply and first-aid kit are inspected. Emergency signal system is installed in each apartment--in living room, bedroom and bathroom--and is tested. Criminal record clearances or exemptions for facility staff or other individuals who have client contact have been reviewed, as well as staff records, including training. Novie Villafuerte and Sarah St. Charles are certified RCFE administrators (x 1/2026 and (7/2025) that oversee facility operations. Client files and medications records are reviewed.
13	
14	The following updated forms are given to LPA:
15	• LIC 610E Emergency Disaster Plan
16	• LIC 309 Administrative Organization
17	• LIC 308 Designation of Administrative Responsibility
18	• LIC 500 Personnel REport
19	
20	The following information is requested to be submitted to CCL by 3/25/24:
21	- Facility sketch (floor plan)
22	- Proof of current liability insurance (including coverage limits)
23	- LIC 309 Administrative Organization (for Fifty Peninsula Partners)
24	
25	
Deficiencies of the California Code of Regulations, Title 22 are cited on following pages.	

**NAME OF LICENSING PROGRAM MANAGER:** Cara Smith

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

**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 03/11/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 03/11/2024

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

LIC809 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

**FACILITY EVALUATION REPORT (Cont)**

CALIFORNIA DEPARTMENT OF SOCIAL

SERVICES

COMMUNITY CARE LICENSING DIVISION

, 851 TRAEGER AVE., SUITE 360

SAN BRUNO, CA 94066

**FACILITY NAME:** STERLING COURT**FACILITY NUMBER:** 415600223**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 03/11/2024**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	CCR	87411(f)	
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**Personnel Requirements - General**

(f) All personnel, including the licensee and administrator, shall be in good health, and physically and mentally capable of performing assigned tasks. Good physical health shall be verified by a health screening, including a chest x-ray or an intradermal test, performed by a physician not more than six (6) months prior to or seven (7) days after employment or licensure. A report shall be made of each screening, signed by the examining physician. The report shall indicate whether the person is physically qualified to perform the duties to be assigned, and whether he/she has any health condition that would create a hazard to him/herself, other staff members or residents. A signed statement shall be obtained from each volunteer affirming that he/she is in good health. Personnel with evidence of physical illness or emotional instability that poses a significant threat to the well-being of residents shall be relieved of their duties.

This requirement is not met as evidenced by:

<b>Deficient Practice Statement</b>	
1	Based on staff record review, the licensee did not comply with the section cited above, as there are no health screenings on file for all staff, which poses a potential health, safety or personal rights risk to persons in care.
<b>POC Due Date:</b> 03/25/2024	
<b>Plan of Correction</b>	
1	Health screenings shall be completed for all staff, and proof of corrections to be sent to CCLD BY DUE DATE.
2	
3	
4	

**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

**SUPERVISOR'S NAME:**

Cara Smith

**LICENSING EVALUATOR NAME:**

Audrey Jeung

**LICENSING EVALUATOR SIGNATURE:****DATE:** 03/11/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/11/2024

LIC809 (FAS) - (06/04)

Page: 2 of 4

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

FACILITY NAME: STERLING COURT

FACILITY NUMBER: 415600223

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/11/2024

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	HSC	1569.696(a)	
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**Other Provisions**

(a) All residential care facilities for the elderly shall provide training to direct care staff on postural supports, restricted conditions or health services, and hospice care as a component of the training requirements specified in Section 1569.625. The training shall include all of the following:

This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1	(1) Four hours of training on the care, supervision, and special needs of those residents, prior to providing direct care to residents. The facility may utilize various methods of instruction, including, but not limited to, preceptorship, mentoring, and other forms of observation and demonstration. . .
2	(2) Four hours of training thereafter of in-service training per year on the subject of serving those residents.
3	Based on staff record review, the licensee did not comply with the section cited above, as staff have not received hospice training, which poses a potential health, safety or personal rights risk to persons in care.
4	

POC Due Date: 03/25/2024

	<b>Plan of Correction</b>
1	Plan of correction to be submitted to CCLD by due date.
2	
3	
4	

		<b>Section Cited</b>	
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	<b>Deficient Practice Statement</b>
1	
2	
3	
4	

POC Due Date:

	<b>Plan of Correction</b>
1	
2	
3	
4	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

**SUPERVISOR'S NAME:** Cara Smith  
**LICENSING EVALUATOR NAME:** Audrey Jeung  
**LICENSING EVALUATOR SIGNATURE:**



Cara Smith  
Audrey Jeung

**DATE:** 03/11/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 03/11/2024

LIC809 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

## **FACILITY EVALUATION REPORT (Cont)**

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
, 851 TRAEGER AVE., SUITE 360  
SAN BRUNO, CA 94066

**FACILITY NAME:** STERLING COURT

**FACILITY NUMBER:** 415600223

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### **DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	CCR	87507(a)(1)	
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#### **Admission Agreements**

(a) The licensee shall complete an individual written admission agreement, as defined in Section 87101(a), with each resident or the resident's representative, if any. (1) The text of the admission agreement, including any attachments and modifications, shall be:

This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1	Printed in black type of not less than 12-point type size, on plain white paper. The print shall appear on one side of the paper only.
2	Based on review of clients' records, the licensee did not comply with the section cited above, as admission agreements are printed on both sides of paper for 5 out of 5 resident files reviewed. This poses a potential health, safety or personal rights risk to persons in care.
	<b>POC Due Date:</b> 03/25/2024
	<b>Plan of Correction</b>
1	Admission agreements shall be printed on one side of paper effective immediately. Plan of correction to be submitted to CCLD BY DUE DATE.
2	
3	
4	

#### **Section Cited**

#### **Admission Agreements**

	<b>Deficient Practice Statement</b>
1	Based on [(observation) (interview) (record review)], the licensee did not comply with the section cited above in [count] out of [total count] [(objects) (persons)] [identifiers] which poses/posed a potential health, safety or personal rights risk to persons in care.
	<b>POC Due Date:</b>
	<b>Plan of Correction</b>
1	
2	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

**SUPERVISOR'S NAME:** Cara Smith  
**LICENSING EVALUATOR NAME:** Audrey Jeung  
**LICENSING EVALUATOR SIGNATURE:**



**DATE:** 03/11/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 03/11/2024