

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 415600255

Report Date: 12/23/2020

Date Signed: 12/23/2020 04:11:03 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, 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066
FACILITY EVALUATION REPORT	

FACILITY NAME: SUNRISE OF SAN MATEO	FACILITY NUMBER: 415600255
ADMINISTRATOR: STEPHANIE HALL	FACILITY TYPE: 740
ADDRESS: 955 S EL CAMINO REAL	TELEPHONE: (650) 558-8555
CITY: SAN MATEO	STATE: CA ZIP CODE: 94402
CAPACITY: 85	CENSUS: 55 DATE: 12/23/2020
TYPE OF VISIT: Case Management - Incident	UNANNOUNCED TIME BEGAN: 03:35 PM
MET WITH: Stephanie Hall	TIME COMPLETED: 04:10 PM

NARRATIVE	
1	On December 23, 2020, Licensing Program Analyst (LPA) Shabana Buksh conducted an unannounced
2	case management inspection. This inspection was conducted to obtain information for an unusual
3	incident that occurred on 12/20/2020. LPA interviewed, Executive Director. LPA requested R1's hospice
4	care plan, admission agreement, corresponding emails, names of Kaiser and facility staff to be
5	interviewed. Executive Director would be providing all pertinent documents related to this incident by
6	12/28/2020. LPA would be following up with Executive Director and also interviewing the Wellness nurse
7	on 12/28/2020.
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9	This incident Needs Further Investigation.
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11	LPA sent the report to Administrator for review and signature.
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NAME OF LICENSING PROGRAM MANAGER: Brenda Chan

NAME OF LICENSING PROGRAM ANALYST: Shabana Buksh

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 12/23/2020

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 12/23/2020

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