

Department of

**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

Facility Number: 415600255

Report Date: 12/23/2020

Date Signed: 12/23/2020 04:11:03 PM

**Document Has Been Signed on 12/23/2020 04:11 PM - It Cannot Be Edited**

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	
<b>FACILITY EVALUATION REPORT</b>			
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
<b>NARRATIVE</b>			
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.**