

FACILITY EVALUATION REPORT

Facility Number: 415600871
Report Date: 02/20/2024
Date Signed: 02/20/2024 07:50:40 PM

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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	
FACILITY EVALUATION REPORT			
FACILITY NAME: PACIFIC CARE HOME		FACILITY NUMBER:	415600871
ADMINISTRATOR: JISON, RAFAEL A.		FACILITY TYPE:	740
ADDRESS: 3647 PACIFIC BLVD		TELEPHONE:	(650) 345-1796
CITY: SAN MATEO	STATE: CA	ZIP CODE:	94403
CAPACITY: 6	CENSUS: 6	DATE:	02/20/2024
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME BEGAN:	09:15 AM
MET WITH: Moddie Andaya		TIME COMPLETED:	02:30 PM
NARRATIVE			
1	LPA Audrey Jeung toured facility and grounds. Six residents are accommodated in private rooms with		
2	private bathrooms. There are 2 staff rooms--one with 1 bed and the other has 2 beds. Fenced backyard		
3	is level, landscaped, and partially paved; it is shared with Pacific Care Home II (3653 Pacific Blvd.)--also		
4	operated by J & I LLC. There are no accessible bodies of water or fire safety hazards observed. Carbon		
5	monoxide detector is tested and operable. Medications and sharps are stored appropriately and		
6	inaccessible to clients, a comfortable room temperature is maintained, and lighting is sufficient for safety.		
7	First-aid kit is complete and maintained. Client files are reviewed, and medications are recorded on		
8	Centrally Stored Medications Records. A Disaster and Mass Casualty Plan is posted. Criminal record		
9	clearances or exemptions for facility staff or other individuals who have client contact have been		
10	reviewed, as well as staff training records. Rafael Jison (RCFE x 3/24) and Moddie Andaya are certified		
11	RCFE administrators that oversee facility operations, with assistance from Wilhelm Ick (x 3/24).		
12			
13	As per legislation, effective 1/1/2015, the following information is posted: 1) text of Health and Safety		
14	Code 1569.269 AND CCR Title 22 Section 87468 (Personal Rights form LIC613C), per AB2171; 2)		
15	CCLD Hotline information, per SB895.		
16			
17	Signature page of Emergency Disaster Plan (LIC610) & proof of current liability insurance are given to		
18	LPA.		
19			
20	The following licensing forms are requested to be updated and submitted to CCLD by 3/5/24.		
21			
22			
23	- Personnel Report (LIC500) is given to LPA.		
24	- Administrative Organization (LIC309)		
25	- Designation of Facility Responsibility (LIC308)		
Deficiencies of the RCFE California Code of Regulations, Title 22, Division 6, Chapter 8 are observed and cited on following pages.			
NAME OF LICENSING PROGRAM MANAGER: Cara Smith			
NAME OF LICENSING PROGRAM ANALYST: Audrey Jeung			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/20/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/20/2024

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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Created By: Audrey Jeung On 02/20/2024 at 05:13 PM

Link to Parent Document Below:

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: PACIFIC CARE HOME

FACILITY NUMBER: 415600871

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/20/2024

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:

	Deficient Practice Statement
1	Based on staff training records review, the licensee did not comply with the section cited above in 4 out of 5 staff records reviewed, which poses a potential health, safety or personal rights risk to persons in care. There is no evidence that staff 1, 2, 3, 4 have received required annual training on postural supports and restricted health conditions
2	
3	
4	
	POC Due Date: 03/05/2024
	Plan of Correction
1	Proof that staff have received required 4 hours of annual training on hospice care, postural supports and restricted health conditions will be sent to CCLD BY DUE DATE
2	
3	
4	

	Type B	Section Cited	CCR	87705(c)(5)	
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CARE OF PERSONS WITH DEMENTIA



Each resident with dementia shall have an annual medical assessment as specified in Section 87458, Medical Assessment, and a reappraisal done at least annually, both of which shall include a reassessment of the resident's dementia care needs.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on client records review, the licensee did not comply with the section cited above, as 2 out of 4 clients diagnosed with dementia do not have current medical assessment and/or appraisal on file, which poses a potential health, safety or personal rights risk to persons in care. Client #1 has appraisal dated 11/21 and client #6 has appraisal dated 9/20 and MD report dated 8/20.
2	
3	
4	
	POC Due Date: 03/05/2024

	Plan of Correction
1	Updated MD report and/or appraisals for clients #1 and #6 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: 02/20/2024
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 02/20/2024