

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 415600871

Report Date: 01/09/2025

Date Signed: 01/09/2025 02:15:08 PM

COMPREHENSIVE INSPECTION

Document Has Been Signed on 01/09/2025 02:15 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BRUNO RO, 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066
FACILITY EVALUATION REPORT	

FACILITY NAME:	PACIFIC CARE HOME	FACILITY NUMBER:	415600871
ADMINISTRATOR/DIRECTOR:	JISON, RAFAEL A.	FACILITY TYPE:	740
ADDRESS:	3647 PACIFIC BLVD	TELEPHONE:	(650) 345-1796
CITY:	SAN MATEO	STATE:	CA
CAPACITY:	6	ZIP CODE:	94403
TYPE OF VISIT:	Required - 1 Year	CENSUS:	5
		DATE:	01/09/2025
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	09:00 AM
MET WITH:	Administrator - Moddie Andaya	TIME VISIT/INSPECTION COMPLETED:	02:15 PM

NARRATIVE	
1	On 01/09/2024, Licensing program Analyst (LPA) Jaime Vado conducted an unannounced required - 1
2	year inspection. LPA met with Administrator Moddie Andaya and explained the purpose of today's visit.
3	Currently there are 5 residents and 3 staff present including the administrator.
4	
5	This is a single level facility with 6 bedrooms for residents. The facility is licensed for age 60 and over;
6	All may be Non-Ambulatory residents; Hospice waiver granted for 3 residents. Currently there is only 1
7	resident on hospice. LPA Vado toured the facility both inside and outside with Maria. All outdoor and
8	indoor passageway are free and clear of obstructions for emergency exit routes in case of fire or
9	emergency. Facility's ambient temperature is comfortable for residents and LPA. No pools or bodies of
10	water were observed during today's visit on the premises. LPA observed fresh food supplies and
11	emergency one week of nonperishable and two (2) days of perishable foods as in place. There are
12	refrigerators with freezers located in the garage and kitchen. Canned food supplies are primarily
13	observed as stored in the garage. Knives are locked in the kitchen in a drawer next to the stove. Toxic
14	chemicals are stored in the garage. Cleaning supplies and laundry soaps are also locked in the garage.
15	PPE and incontinence supplies are observed to be in place in case of any use. Medications are locked
16	in the kitchen in a large cabinet. Each resident room is observed to contain the required furniture as
17	outlined in regulations. Facility has functioning smoke detectors and carbon monoxide detectors through
18	out the facility. The facility is equipped with private half baths in each resident room and a common full
19	bathroom for bathing. All are observed in good working order for resident use. Water temperature is
20	tested at 120F. There are two fire extinguishers in the facility that is observed with inspection tags of
21	11/18/2024.
22	
23	
24	Continued on next page...
25	

NAME OF LICENSING PROGRAM MANAGER: April Cowan
NAME OF LICENSING PROGRAM ANALYST: Jaime Vado
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 01/09/2025

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 01/09/2025

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

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

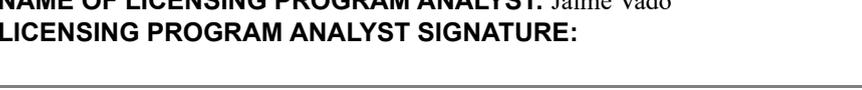
FACILITY NAME: PACIFIC CARE HOME

FACILITY NUMBER: 415600871

VISIT DATE: 01/09/2025

NARRATIVE

<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32</p>	<p>Page 2</p> <p>LPA observed resident linen supplies and incidentals also store in a hallway closet. Shower room floor is equipped with a non-skid mats when in use. Based on review of all resident files, and medications all items are current and logged accurately. Last fire/disaster drill was conducted on 02/24/2024 per records reviewed. This poses a health and safety risk to residents in care. Administrator certificates are observed to be current and posted in the facility.</p> <p>The following updated forms are requested to be submitted to CCLD by <u>01/16/2025</u>:</p> <ul style="list-style-type: none"> • Copy of updated administrator certificate • Copy of facility's liability insurance • LIC308 Designation of responsible staff person • LIC610E Emergency Disaster Plan • LIC500 Staff Schedule • Copy of control of property or copy of lease <p>Type B citation is issued during today's inspection visit. Report is reviewed with the administrator and a copy is provided.</p>
---	---

NAME OF LICENSING PROGRAM MANAGER: April Cowan
NAME OF LICENSING PROGRAM ANALYST: Jaime Vado
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 01/09/2025

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 01/09/2025

Created By: Jaime Vado On 01/09/2025 at 01:24 PM
 Link to Parent Document Below:

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
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: PACIFIC CARE HOME **FACILITY NUMBER:** 415600871
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 01/09/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type A 01/16/2025 Section Cited	1 (c) A facility shall conduct a drill at 2 least quarterly for each shift. The 3 type of emergency covered in a drill 4 shall vary from quarter to quarter, 5 taking into account different 6 emergency scenarios. An actual 7 evacuation of residents is not required during a drill. While a facility may provide an opportunity for residents to participate in a drill, it shall not require any resident participation. Documentation of the drills shall include the date, the type of emergency covered by the drill, and the names of staff participating in the drill. This regulation has not been met as evidenced by:		
	8 Based on facility records reviewed, 9 the facility last conducted an 10 emergency disaster drill on 11 02/24/2024. This poses a health and 12 safety risk to residents in care. 13 14	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		
	1 2 3 4 5 6 7		

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: April Cowan	
LICENSING EVALUATOR NAME: Jaime Vado	
LICENSING EVALUATOR SIGNATURE:	DATE: 01/09/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/09/2025