

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 415600871

Report Date: 12/10/2025

Date Signed: 12/10/2025 02:03:14 PM

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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:	6
		DATE:	12/10/2025
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	09:15 AM
MET WITH:	Administrator - Moddie Andaya	TIME VISIT/INSPECTION COMPLETED:	02:15 PM

NARRATIVE

1 On 12/10/2025, 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 6 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 2
7 resident on hospice. LPA Vado toured the facility both inside and outside with Moddie. 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. The facility
12 shares frozen goods with their sister facility located next door. Those supplies are observed to be in
13 place. Canned food supplies are primarily observed as stored in a hallway pantry and is observed as in
14 place. Knives are locked in the kitchen in a drawer next to the stove. Toxic chemicals are stored in the
15 garage. Cleaning supplies and laundry soaps are also locked in the garage. PPE and incontinence
16 supplies are observed to be in place in case of any use. Medications are locked in the kitchen in a large
17 cabinet. Each resident room is observed to contain the required furniture as outlined in regulations.
18 Facility has functioning smoke detectors and carbon monoxide detectors through out the facility.
19
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21 Continued on next page...
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NAME OF LICENSING PROGRAM MANAGER: April Cowan

NAME OF LICENSING PROGRAM ANALYST: Jaime Vado

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 12/10/2025

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 12/10/2025

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

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BRUNO RO, 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066
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FACILITY NAME: PACIFIC CARE HOME **FACILITY NUMBER:** 415600871
VISIT DATE: 12/10/2025

NARRATIVE

1 Page 2
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 3 The facility is equipped with private half baths in each resident room and a common full bathroom for
 4 bathing. All are observed in good working order for resident use. Water temperature is tested at 120F in
 5 resident bathrooms. Kitchen sink is measured at 130F but is labeled as delivering hot water considered
 6 over 120F. There are two fire extinguishers in the facility that is observed with inspection tags of
 7 11/07/2025. LPA observed resident linen supplies and incidentals also store in a hallway closet. There is
 8 one main full bath that residents use. Shower room floor is equipped with a non-skid mats when in use.
 9 Based on review of all resident files, and medications all items are current and logged accurately. Last
 10 fire/disaster drill was conducted on 12/05/2025 per records reviewed. This poses a health and safety
 11 risk to residents in care. Administrator certificates are observed to be current and posted in the facility
 12 for Rafael Jison is current expiring 03/27/2026.
 13
 14 LPA received the following updated items during today's vist:
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 16 • Copy of updated administrator certificate
 17 • LIC308 Designation of responsible staff person
 18 • LIC610E Emergency Disaster Plan
 19 • LIC500 Staff Schedule
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 21 No citations issued.
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NAME OF LICENSING PROGRAM MANAGER: April Cowan
NAME OF LICENSING PROGRAM ANALYST: Jaime Vado
LICENSING PROGRAM ANALYST SIGNATURE: **DATE:** 12/10/2025

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FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 12/10/2025