

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 415600966

Report Date: 08/27/2025

Date Signed: 08/27/2025 06:51:30 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: GEORGE ANNE HOME	FACILITY NUMBER: 415600966
ADMINISTRATOR/JOHNSON, MARIA LU DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 849 N DELAWARE STREET	TELEPHONE: (650) 931-4741
CITY: SAN MATEO	STATE: CA
CAPACITY: 6	ZIP CODE: 94401
TYPE OF VISIT: POC	CENSUS: 4
	DATE: 08/27/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	03:00 PM
MET WITH: Maria Johnson, Catalina Guimarin, Peter Gong	BEGAN: TIME VISIT/INSPECTION
	07:00 PM
	COMPLETED:

NARRATIVE	
1	To follow up on deficiencies cited on 7/31/25, 8/5/25 and 8/14/25, LPA Jeung met with administrator and licensee to review documents submitted as corrections.
2	
3	
4	Deficiencies not yet corrected are being recited, as per California Code of Regulations, Title 22, and appear on following pages.
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7	Licensee agreed to avail of Technical Support Program assistance. LPA to make referral to TSP, and licensee will be contacted by TSP staff to arrange for consultation.
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NAME OF LICENSING PROGRAM MANAGER: April Cowan

NAME OF LICENSING PROGRAM ANALYST: Audrey Jeung

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/27/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/27/2025

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.

LIC809 (FAS) - (09/23)

Page: 2 of 9

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Link to Parent Document Below:

<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 , 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066</p>
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FACILITY NAME: GEORGE ANNE HOME

FACILITY NUMBER: 415600966

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/27/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
<p>Type A 08/28/2025 Section Cited</p>	<p>1 PERSONAL RIGHTS 2 Residents in all RCFEs shall have... 3 the ... personal right to be accorded 4 safe, healthful & comfortable 5 accommodations, furnishings & 6 equipment. This requirement is not 7 met, as client in room #5 is observed in bed with recliner chair & wheelchair placed next to</p>		
	<p>8 bed, preventing her from getting out 9 of bed. Licensee failed to ensure that 10 clients are accorded safe & healthful 11 accommodations, which poses an 12 immediate health, safety or personal 13 rights risk to clients in care. 14 This was cited on 8/5/25, and "explanation" was submitted on 8/6/25, not correction.</p>	<p>8 9 10 11 12 13 14</p>	
<p>Type A 08/28/2025 Section Cited</p>	<p>1 FALSE CLAIMS 2 No licensee, officer or employee of a 3 licensee shall make or disseminate 4 any false or misleading statement 5 regarding the facility... 6 This requirement was not met, as 7 facility staff obtained personal and confidential information by falsely stating that the</p>		
	<p>8 information was required by state 9 licensing. Licensee failed to prevent 10 staff from making false claims, which 11 poses an immediate health, safety or 12 personal rights risk to clients in care. 13 This was cited on 8/14/25 and not 14 addressed in plan of correction submitted on 8/18/25.</p>	<p>8 9 10 11 12 13 14</p>	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER: NAME OF LICENSING PROGRAM April Cowan ANALYST: LICENSING PROGRAM ANALYST SIGNATURE: 	DATE: 08/27/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE: 	DATE: 08/27/2025

LIC809 (FAS) - (06/04)

Page: 3 of 9

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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
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FACILITY NAME: GEORGE ANNE HOME

FACILITY NUMBER: 415600966

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/27/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 09/05/2025 Section Cited	1 PRE-ADMISSION APPRAISAL 2 Prior to admission a determination of 3 the prospective resident's suitability 4 for admission shall be completed and 5 shall include an appraisal of their 6 individual service needs in 7 comparison with the admission criteria specified in Section 87455, Acceptance/Retention LimitS.		
	8 This requirement is not met, as there 9 is no signed appraisal on file for client 10 #5, who was admitted 3 years ago. 11 This poses a potential health, safety 12 or personal rights risk to clients. This 13 was cited on 9/3/24 and 7/31/25. 14	8 9 10 11 12 13 14	
Type B 09/05/2025 Section Cited	1 HEALTH & SAFETY CODE 2 A facility shall provide training on the 3 plan to each staff member upon hire 4 and annually thereafter. The training 5 shall include staff responsibilities 6 during an emergency or disaster. This 7 requirement is not met, as there is no documentation that staff received		
	8 training on responding to 9 emergencies, which poses a potential 10 health, safety or personal rights risk 11 to clients in care. 12 This deficiency was cited on 9/3/24	8 9 10 11 12	

13	and 7/31/25, and proof of correction	13
14	was not submitted.	14

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER:	April Cowan
NAME OF LICENSING PROGRAM ANALYST:	Audrey Jeung
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 08/27/2025

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: GEORGE ANNE HOME

FACILITY NUMBER: 415600966

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/27/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type B 09/05/2025 Section Cited	1 REAPPRAISALS 2 The pre-admission appraisal... shall 3 be updated in writing as frequently as 4 necessary or once every 12 months, 5 whichever occurs first, to note 6 significant changes in condition... and 7 to keep the appraisal accurate. This requirement is not met as		
	8 reappraisals for ALL clients are 9 missing or dated more than 12 10 months ago. Licensee failed to 11 ensure that annual reappraisals are 12 done, which poses a potential health, 13 safety or personal rights risk to 14 clients. This deficiency was observed on 9/3/24 & 7/31/25, & proof of correction was not submitted.	8 9 10 11 12 13 14	
Type B 09/05/2025 Section Cited	1 GENL REQUIREMNTS HEALTH 2 COND. 3 The licensee shall complete & 4 maintain a current, written record of 5 care... that includes, but is not limited 6 to... Documentation from the 7 physician of... Stability of the medical condition, Medical condition which		

	requires incidental medical services, Method of		
	intervention...skilled professional...who will perform the procedure if the resident needs assistance; names...phone number of...skilled professionals providing services, Emergency contacts. Client #4 has gall bladder stoma & there is no info about care or condition. This was cited on 7/31/25.	8 9 10 11 12 13 14	8 9 10 11 12 13 14

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NAME OF LICENSING PROGRAM ANALYST:	Audrey Jeung
LICENSING PROGRAM ANALYST SIGNATURE:	 DATE: 08/27/2025
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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: GEORGE ANNE HOME

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DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/27/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type B 09/05/2025 Section Cited	1 HEALTH AND SAFETY CODE 2 ...employee shall complete 10 hours 3 of initial training...consist of 6 hours of 4 hands-on shadowing training...prior to 5 assisting with the self-administration 6 of medications, & 4 hours of other 7 training or instruction, as described in subdivision (f)...be completed within the first 2 weeks		
	8 of employment. This requirement is 9 not met, as training records are not 10 available for review. Licensee failed 11 to maintain documentation that staff 12 have received medication training, 13 which poses a potential health, safety 14 or personal rights risk. This was cited on 9/3/24 & 8/5/25.	8 9 10 11 12 13 14	

Type B 09/05/2025 Section Cited	1	HEALTH AND SAFETY CODE		
	2	RCFEs shall meet...training		
	3	requirements, as described in Section		
	4	1569.625, for all direct care staff...12		
	5	hours of dementia care training, 6 of		
	6	which...completed before...working		
	7	independently with residents, and the		
	8	remaining 6 hours of		
	9	which shall be completed within the	8	
	10	first 4 weeks of employment. This	9	
	11	requirement is not met, as training	10	
	12	records are not available for review.	11	
	13	Licensee failed to maintain	12	
	14	documentation that staff have	13	
		received dementia training, which	14	
		poses a potential health, safety or		
		personall rights risk. This was cited		
		on 9/3/24 and 8/5/25.		

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM	April Cowan
MANAGER:	
NAME OF LICENSING PROGRAM	Audrey Jeung
ANALYST:	
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Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type B 09/05/2025 Section Cited	1 HEALTH AND SAFETY CODE 2 All RCFEs shall provide training to 3 direct care staff on postural supports, 4 restricted conditions or health 5 services, and hospice care as a 6 component of the training 7 requirements specified in Section 1569.625. This requirement is not met, as training records are not available for		

	8 9 10 11 12 13 14	review. Licensee failed to maintain documentation that staff have received this training, which poses a potential health, safety or personal rights risk. This was cited on 9/3/24 and 8/5/25 and not corrected.	8 9 10 11 12 13 14	
Type B 09/05/2025 Section Cited	1 2 3 4 5 6 7	PERSONNEL REQUIREMENTS ... verified by a health screening, including a chest x-ray or an intradermal test, performed by a physician not more than 6 months prior to or 7 days after employment or licensure. A report shall be made of each screening, signed by the examining physician.		
	8 9 10 11 12 13 14	This requirement is not met, as 6 out of 6 staff files were missing health screenings and TB test results. Licensee failed to ensure that health screenings are maintained for all staff, which poses a potential health, safety or personal rights risk. This was cited on 9/3/24 and not corrected.	8 9 10 11 12 13 14	

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: GEORGE ANNE HOME

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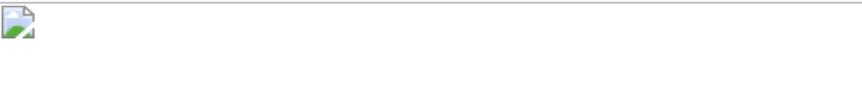
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Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 09/05/2025 Section Cited	1 INCIDENTAL MEDICAL CARE 2 All centrally stored medications shall 3 be labeled and maintained in 4 compliance with state and federal	

	5 6 7	laws. No persons other than the dispensing pharmacist shall alter a prescription label. This requirement is not met, as staff write on RX labels. Licensee		
	8 9 10 11 12 13 14	failed to ensure that staff do not write on Rx labels, which poses a potential health, safety or personal rights risk to clients in care. This was cited on 8/5/25 and not corrected.	8 9 10 11 12 13 14	
Type B 09/05/2025 Section Cited	1 2 3 4 5 6 7	INCIDENTAL MEDICAL CARE Rx medications which are not taken with the resident upon termination of services, not returned to the issuing pharmacy, nor retained in the facility as ordered by the resident's physician & documented in the resident's record nor disposed of... shall be destroyed in the facility by the facility		
	8 9 10 11 12 13 14	administrator & another adult who is not a resident. Both shall sign a record, to be retained for at least 3 years, which lists... specific information. This requirement is not met, as Rx meds for former client observed in kitchen cabinet, which poses a potential health, safety or personal rights risk. This was cited 8/5/25.	8 9 10 11 12 13 14	

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FACILITY EVALUATION REPORT (Cont)	

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type B 09/05/2025 Section Cited	1 PERSONAL RIGHTS 2 Residents in all RCFEs shall have 3 the personal right to have access to 4 individual storage space for private 5 use. This requirement is not met, as 6 facility records are stored in client 7 room #4. Licensee failed to ensure that client's room is for client's		
	8 personal use and not used by staff. 9 This poses a potential health, safety 10 or personal rights risk to clients in 11 care. 12 This was cited on 8/5/25 and not 13 corrected 14	8 9 10 11 12 13 14	
Type B 09/05/2025 Section Cited	1 INCIDENTAL MEDICAL CARE 2 For every Rx and non Rx medication 3 for which the licensee provides 4 assistance there shall be a signed, 5 dated written order from a physician, 6 on a prescription blank, maintained in 7 the residents file, and a label on the medication. Both the MD order & the		
	8 label shall contain ...specific 9 information. This requirement is not 10 met, as MD orders are not 11 maintained for C3 OTC Senna and 12 C6 Senna Plus. Licensee failed to 13 ensure that MD orders are 14 maintained for OTC meds, which poses a potential health, safety or personal rights risk. This was cited 8/5/25.	8 9 10 11 12 13 14	

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