

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 415600966

Report Date: 02/03/2022

Date Signed: 02/03/2022 02:58:22 PM

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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: GEORGE ANNE HOME	FACILITY NUMBER: 415600966
ADMINISTRATOR: JOHNSON, MARIA LU	FACILITY TYPE: 740
ADDRESS: 849 N DELAWARE STREET	TELEPHONE: (650) 931-4741
CITY: SAN MATEO	STATE: CA ZIP CODE: 94401
CAPACITY: 6	CENSUS: 5 DATE: 02/03/2022
TYPE OF VISIT: Case Management - Other	UNANNOUNCED TIME BEGAN: 01:00 PM
MET WITH: Lina Guimarin	TIME COMPLETED: 03:00 PM

NARRATIVE	
1	During complaint investigation visit, LPA Jeung observed that former office has been designated as a private client room. In addition, the garage has been renovated and now accommodates staff in a 1 bedroom apartment, with a bathroom and kitchen. LPA observed 2 bunk beds in the main living area. In the backyard, there are 2 detached storage sheds, both of which are unsecured. Yard sketch was submitted to CCLD in 2020 showing this.
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7	Upon reviewing a client's file, some observations are made.
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9	See Advisory Note for recommendations.
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11	The following forms/information are requested to be submitted to CCLD by 2/10/22:
12	- Facility Sketch -- showing designation of rooms
13	- Personnel Report (LIC500)
14	- Designation of Administrative Responsibility (LIC308 signed by licensee designating administrator)
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16	No deficiencies cited.
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NAME OF LICENSING PROGRAM MANAGER: Julio Montes

NAME OF LICENSING PROGRAM ANALYST: Audrey Jeung

**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 02/03/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 02/03/2022

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