

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 415600980
Report Date: 05/13/2025
Date Signed: 05/13/2025 11:39:22 AM

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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: ATRIA AT FOSTER SQUARE	FACILITY NUMBER: 415600980
ADMINISTRATOR/FREDDIE FULLON DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 707 THAYER LN	TELEPHONE: (650) 532-2460
CITY: FOSTER CITY	STATE: CA ZIP CODE: 94404
CAPACITY: 216	CENSUS: 171 DATE: 05/13/2025
TYPE OF VISIT: Case Management - Incident	UNANNOUNCED TIME VISIT/INSPECTION: 09:15 AM
MET WITH: Administrator, Freddie Fullon	BEGAN: TIME VISIT/INSPECTION: 11:50 AM
	COMPLETED:

NARRATIVE	
1	On May 13, 2025, Licensing Program Analyst (LPA) Murial Han conducted an unannounced Case
2	Management - Incident visit. LPA met with the administrator and explained the purpose of today's visit.
3	
4	On April 25, 2025, the facility reported an incident concerning to resident #1 (R1) and resident #2 (R2)
5	had an unwitnessed fall in their apartment. The facility called 911 and upon arrival of the paramedics,
6	they found unknown medications without a valid prescription in the room. The facility has been in
7	communication with the Foster City Police Department regarding the unknown medications that were
8	found in the room.
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10	During today' visit, LPA interviewed the administrator, the resident service director, R1 and R2,
11	conducted a facility tour with the resident service director and collected documents.
12	
13	According to the administrator, R1 and R2 were admitted in September 2024 and both of them have
14	sustained multiple falls since admission. R1 has had 6 falls within 18 days and R2 sustained 6 falls
15	within 21 days. On 4/25/2025, R2 was sent to the hospital due to a fall resulting in a closed fracture of
16	right hip. The administrator reported that the facility has found alcohol and unknown medications in their
17	room. The administrator also stated that the facility has completed several change of conditions and
18	reassessed R1 and R2 after the falls but they continued to fall until they hired a private one on one
19	caregiver. Furthermore, the administrator stated that the facility has issued a 30-day eviction notice due
20	to the falls and safety.
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23	According to the resident service director, the facility has reported the falls to the provider and the
24	psychiatrist. They have spoken to R1 and R2 about the contributing factors to their falls and encouraged
25	them to hire a private caregiver for fall prevention.

NAME OF LICENSING PROGRAM MANAGER: April Cowan

NAME OF LICENSING PROGRAM ANALYST: Murial Han
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 05/13/2025

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 05/13/2025

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: ATRIA AT FOSTER SQUARE

FACILITY NUMBER: 415600980

VISIT DATE: 05/13/2025

NARRATIVE	
1	LPA interviewed R1 and R2 and both of them are aware of the multiple falls and the contributing
2	factors. R2 stated that the one on one caregiver has helped significantly with preventing them from
3	falling especially for R1. In addition, R2 expressed that the facility has issued a 30-day eviction notice
4	and they are seeking for new placement. LPA explained the process of the eviction notice to R2.
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6	No deficiency is cited.
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8	This report is reviewed and discussed with the administrator; a copy is provided.
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NAME OF LICENSING PROGRAM MANAGER: April Cowan	
NAME OF LICENSING PROGRAM ANALYST: Murial Han	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 05/13/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/13/2025
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