

# Department of SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

**Facility Number:** 415601015

**Report Date:** 12/10/2025

**Date Signed:** 12/24/2025 09:56:29 AM

**Document Has Been Signed on** 12/24/2025 09:56 AM - 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	TROUSDALE, THE	FACILITY NUMBER:	415601015
ADMINISTRATOR/SALVADOR GOMEZ-OROZCO DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	1600 TROUSDALE DR	TELEPHONE:	(650) 443-3700
CITY:	BURLINGAME	STATE: CA	ZIP CODE: 94010
CAPACITY:	140	CENSUS: 127	DATE: 12/10/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	BEGAN: 09:30 AM
MET WITH:	Resident Care Director, Anne Aquino	TIME VISIT/ INSPECTION	COMPLETED: 01:55 PM

### NARRATIVE

1 On December 10, 2025 Licensing Program Analyst (LPA) Murial Han conducted an unannounced  
2 annual inspection. Upon entry, LPA met with Business Office Manager, Arno Manteiro and Resident  
3 Care Director, Anne Aquino and LPA explained the purpose of today's visit. The Vice President of  
4 Operations, Phil Altman arrived and assisted with the inspection.  
5  
6 LPA toured the facility with Resident Care Director and LPA observed the common area with a large  
7 dining room, activity rooms, kitchen, medication rooms on different floors, resident rooms, laundry  
8 rooms, etc.  
9  
10 The memory care unit is located on the 3rd floor and doors are security by the wander guard system.  
11  
12 Medications are locked in the medication/work rooms on the 2nd, 3rd, 4th and 5th floor and inaccessible  
13 to residents in care. Lighting is sufficient for comfort.  
14  
15 Chemicals, toxins, and sharps objects were observed to be locked and inaccessible to residents.  
16  
17  
18 2 days of perishables and 7 days of nonperishable foods were observed for the residents.  
19  
20 Fire drill records observed to be sufficient.  
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**NAME OF LICENSING PROGRAM MANAGER:** April Cowan  
**NAME OF LICENSING PROGRAM ANALYST:** Murial Han

**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  <b>FACILITY EVALUATION REPORT (Cont)</b>	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:** TROUSDALE, THE

**FACILITY NUMBER:** 415601015

**VISIT DATE:** 12/10/2025

NARRATIVE	
1	Hot water temperature in the resident's bathrooms and kitchen were measured at 108- 117 degrees F.
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3	A review of (6) resident files was conducted and noted on the LIC 858.
4	A review of (5) staff files was conducted and noted on the LIC 859.
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6	No deficiencies cited today.
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9	This report is reviewed and discussed with the VP of Operations.
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11	A copy is provided.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> April Cowan	
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Murial Han	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 12/10/2025
<b>I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.</b>	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 12/10/2025