

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 415601039

Report Date: 08/27/2025

Date Signed: 08/27/2025 01:16:40 PM

COMPREHENSIVE INSPECTION

Document Has Been Signed on 08/27/2025 01:16 PM - 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
FACILITY EVALUATION REPORT	

FACILITY NAME: CADENCE MILLBRAE	FACILITY NUMBER: 415601039
ADMINISTRATOR/HOLLY SUITER DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 1201 BROADWAY	TELEPHONE: (650) 742-9150
CITY: MILLBRAE	STATE: CA ZIP CODE: 94030
CAPACITY: 165	CENSUS: 157 DATE: 08/27/2025
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION 09:00 AM
MET WITH: Executive Director - Holly Suiter	BEGAN: TIME VISIT/INSPECTION 02:00 PM
	COMPLETED:

NARRATIVE	
1	On 08/27/2025, Licensing Program Analyst (LPA) Jaime Vado conducted an unannounced annual
2	inspection visit. LPA met with the executive director Holly Suiter and explained the purpose of today's
3	visit. There are currently 136 residents in assisted living and 21 in memory care.
4	
5	This is a multi-level facility approved for all residents allowed to be non-ambulatory, five bedridden, and
6	a hospice clearance for 14 residents. This facility does have a secured memory care area. The physical
7	plant was toured inside and outside of the facility to ensure the safety of the clients. LPA observed the
8	facility kitchen which is clean and observed appliances are in good repair. Knives are stored and locked
9	and secured in the kitchen. Perishable and non-perishable food supplies are observed as in place.
10	Kitchen grade fire extinguisher is observed as in place and with an inspection date of 06/08/2024. First
11	aid kit is observed as complete with required items as observed in medication room. Medications are
12	observed to be locked in cabinets and medication cart in the medication room. LPA reviewed resident
13	medications at random and observed them as current. LPA observed that there are multiple fire
14	extinguishers in place on each floor with an inspection date of 07/07/2025 smoke detector, carbon
15	monoxide detectors are observed in place through out the facility, and central heating and air
16	conditioning. Laundry areas are also observed as fully operational. Emergency exit routes are observed
17	inside and outside to be free and clear of obstructions. Last emergency/disaster drill was conducted in
18	May 2025. Water temperature was measured at 108F in resident rooms at random and 111F in a
19	common bathroom. Cleaning supplies are observed to be inaccessible to residents in care. Resident
20	rooms are observed at random. LPA observed two resident rooms and both appeared clean, free of
21	odors, and contained all the required furniture per regulatory recommendations.
22	
23	Continued on next page...
24	
25	

NAME OF LICENSING PROGRAM MANAGER: April Cowan NAME OF LICENSING PROGRAM ANALYST: Jaime Vado 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.

<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 SAN BRUNO RO, 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066</p>
---	--

FACILITY NAME: CADENCE MILLBRAE

FACILITY NUMBER: 415601039

VISIT DATE: 08/27/2025

NARRATIVE	
1	Page 2
2	
3	Resident linen supplies are observed as in place. LPA reviewed five staff files and five resident files
4	during today's inspection and all files are observed as current. Staff are actively conducting training via
5	Relias and it is observed as current. Administrator certificate is current expiring 01/14/2027.
6	
7	The following updated forms are requested to be submitted to CCLD by <u>09/03/2025</u> :
8	
9	• Copy of facility's liability insurance
10	• LIC610E Emergency Disaster Plan
11	• LIC500 Staff Schedule
12	
13	
14	No citations issued. Report is reviewed with Holly and a copy is provided on this day.
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	

<p>NAME OF LICENSING PROGRAM MANAGER: April Cowan NAME OF LICENSING PROGRAM ANALYST: Jaime Vado LICENSING PROGRAM ANALYST SIGNATURE:</p>	<p>DATE: 08/27/2025</p>
---	--------------------------------

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

<p>FACILITY REPRESENTATIVE SIGNATURE:</p>	<p>DATE: 08/27/2025</p>
--	--------------------------------