

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 415601039
Report Date: 02/25/2021
Date Signed: 02/25/2021 02:50:35 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
FACILITY EVALUATION REPORT	

FACILITY NAME: CADENCE MILLBRAE	FACILITY NUMBER: 415601039
ADMINISTRATOR: STROMGREN, KIEL	FACILITY TYPE: 740
ADDRESS: 1201 BROADWAY	TELEPHONE: (650) 742-9150
CITY: MILLBRAE	STATE: CA
CAPACITY: 188	ZIP CODE: 94030
TYPE OF VISIT: Case Management - Other	CENSUS: DATE: 02/25/2021
MET WITH: Kiel Stromgren, Administrator	UNANNOUNCED TIME BEGAN: 01:38 PM
	TIME COMPLETED: 01:50 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Raygoza made an unannounced case management televisit with
2	Administrator, Kiel Stromgren, in regards to Death Report submitted to CCL Office on 2/24/21.
3	
4	R1 missed routine dialysis basis appointment for diagnosis of end stage renal disease. Dialysis Care
5	Center telephoned LVN at facility when R1 missed appointment. R1 was found at facility unresponsive
6	and Paramedics were called. Sheriff Deputy called San Mateo's Coroner's Office. R1 was to start on
7	chemo and completely considered independent as R1 was not on any care, or med program.
8	
9	According to Kiel, Sheriff Deputy who came to investigate believes a possible Death Certificate cause
10	based on health, medications, dialysis, cancer and high blood pressure. Sheriff's guess was a heart
11	attack and due to the health and medications coroner's office most likely will not do an autopsy.
12	Determination on cause of death to be issued on Death Certificate.
13	
14	Facility is reaching out to family to close everything out and family not aware yet and has been reached
15	out to. Area is locked and no one to go enter room at all. Current number of residents under 60 at facility
16	is 4 residents. The number of residents over 60 is 96%.
17	
18	
19	END OF REPORT =====
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21	
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Brenda Chan
NAME OF LICENSING PROGRAM ANALYST: Bertha Raygoza

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/25/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/25/2021

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