

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 415601039

Report Date: 11/25/2025

Date Signed: 11/25/2025 01:57:04 PM

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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:	CADENCE MILLBRAE	FACILITY NUMBER:	415601039
ADMINISTRATOR/DIRECTOR:	HOLLY SUITER	FACILITY TYPE:	740
ADDRESS:	1201 BROADWAY	TELEPHONE:	(650) 742-9150
CITY:	MILLBRAE	STATE:	CA
CAPACITY:	165	ZIP CODE:	94030
TYPE OF VISIT:	Case Management - Incident	CENSUS:	140
		DATE:	11/25/2025
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	12:15 PM
MET WITH:	Executive Director - Holly Suiter	TIME VISIT/INSPECTION COMPLETED:	02:15 PM

NARRATIVE

1 On 11/25/2025, Licensing Program Analyst (LPA) Jaime Vado conducted an unannounced case
2 management - incident report visit. LPA met with the executive director Holly Suiter and explained the
3 purpose of today's visit.
4
5 On 11/14/2025 the Department received an incident report regarding a resident that was observed to be
6 abused by a med-tech on duty. The resident slid from their wheelchair and the med-tech pulled the
7 resident's hair as the resident was on the floor. This abuse was caught on camera and was brought to
8 the attention of the business office director on 11/03/2025 by another caregiver that witnessed the
9 abuse. The hair pulling took place on 10/29/2025 and was caught on camera. Facility leadership
10 reviewed the camera footage and confirmed the staff person's action via the footage. Facility leadership,
11 the administrator and business office director, met with the staff person and addressed the incident
12 observed via camera footage. The staff person denied the allegation despite the camera footage
13 evidence and left their position as med-tech voluntarily on 11/04/2025. The facility terminated the med-
14 tech and has not returned to the facility for work duties since 11/04/2025. Due to the age of the incident,
15 there is no signs of injury to the resident. The resident resides in the memory care portion of the facility.
16 An assessment of the resident was conducted and there were no visible signs of injury. The resident
17 was not sent to the hospital. The facility is being cited for personal rights due to the med-tech's abuse as
18 it is an immediate health and safety concern for the resident in care.
19
20 Citation issued on the following LIC809D.
21
22 Report is discussed and a copy is provided to the executive director.
23
24
25

NAME OF LICENSING PROGRAM MANAGER: April Cowan

NAME OF LICENSING PROGRAM ANALYST: Jaime Vado

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/25/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/25/2025

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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Created By: Jaime Vado On 11/25/2025 at 01:35 PM
Link to Parent Document Below:

<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 , 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066</p>
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FACILITY NAME: CADENCE MILLBRAE

FACILITY NUMBER: 415601039

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 11/25/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 11/26/2025 Section Cited CCR 87468.1(a)(2)	1 87468.1(a)(2) Personal Rights of 2 Residents in All Facilities - To be 3 accorded safe, healthful and 4 comfortable accommodations, 5 furnishings and equipment. This 6 regulation has not been met as 7 evidenced by:	1 The facility, licensee/administrator, shall 2 conduct an in-service training with staff 3 regarding Resident Rights, including 4 types of abuse, handling residents with 5 behaviors, etc. Evidence of such 6 training to be recieved by due date. 7
	8 Based on interviewes conducted, and 9 incident report recieved, it was 10 confirmed that the med-tech on duty 11 was observed to pull the hair of a 12 resident. This was witnessed by 13 another staff on duty. This was reported 14 to facility leadership and camera footage was reviewed confirming the abuse. This poses an immediate health and safety risk to resident in care.	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

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

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/25/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/25/2025