

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 415601070

Report Date: 10/08/2025

Date Signed: 10/08/2025 11:46:16 AM

### Unsubstantiated

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>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/06/2025** and conducted by Evaluator Komal Curley

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 14-AS-20251006120240</b>
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<b>FACILITY NAME:</b> PENINSULA DEL REY	<b>FACILITY NUMBER:</b> 415601070
<b>ADMINISTRATOR:</b> TAZAWA, KATHERINE	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 165 PIERCE STREET	<b>TELEPHONE:</b> (650) 992-2100
<b>CITY:</b> DALY CITY	<b>STATE:</b> CA <b>ZIP CODE:</b> 94015
<b>CAPACITY:</b> 150	<b>CENSUS:</b> 106 <b>DATE:</b> 10/08/2025
<b>MET WITH:</b> Administrator, Katherine Tazawa	<b>UNANNOUNCED TIME BEGAN:</b> 09:15 AM
	<b>TIME COMPLETED:</b> 11:57 PM

#### ALLEGATION(S):

1	Staff did not ensure that resident was transported to religious services.
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#### INVESTIGATION FINDINGS:

1	On October 8, 2025, Licensing Program Analyst (LPA) Komal Curley conducted an unannounced 10-day
2	complaint inspection. LPA met with Administrator, Katherine Tazawa and explained the purpose of the
3	visit.
4	
5	Regarding the allegation, staff did not ensure that resident was transported to religious services,
6	according to the reporting party, facility staff cancelled a schedule pick up for Resident 1 (R1) to attend
7	religious services and the facility failed to notify R1 or R1's responsible party. In addition, the reporting
8	party indicated that R1 had to spend \$23 on Uber for transportation.
9	
10	During the investigation, LPA interviewed staff and reviewed documents. Based on documents reviewed
11	and staff interviewed, the facility paid for R1's Uber with the facility's funds. Based on interviewed staff,
12	the facility never cancelled transportation for R1. R1's responsible party got upset due to Quickshop
13	being scheduled on Saturday, the same day R1 goes to his/her religious services. According to staff
	interviewed, the facility did not receive any notice from R1 or R1's responsible party to transport R1 to
	his/her religious services. (continue to 9099C).

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** April Cowan  
**LICENSING EVALUATOR NAME:** Komal Curley  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 10/08/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 10/08/2025

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

LIC9099 (FAS) - (06/04)

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**Control Number** 14-AS-20251006120240

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

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** PENINSULA DEL REY

**FACILITY NUMBER:** 415601070

**VISIT DATE:** 10/08/2025

### NARRATIVE

1 Staff interviewed indicated that they were willing to accommodate R1 and have him/her go to church  
2 with a friend, who picks R1 up and goes with R1, then have the facility driver pick R1 up from church  
3 and take him/her to Quickshop, however R1's responsible party stated no because R1 will be tired after  
4 church. LPA reviewed transportation log for the week, however there was no documentation stating that  
5 R1 or R1's responsible party scheduled an outing to church. The facility ended up accommodating R1  
6 by taking R1 to Quickshop on Friday so that R1 can go to church on Saturday.

7  
8 Based on interviews conducted and information collected, the department has determined that although  
9 the above allegations may have happened or are valid, there is not a preponderance of evidence to  
10 prove the alleged violations did or did not occur, therefore the above allegations are  
11 UNSUBSTANTIATED.

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13 Report is reviewed with administrator, Katherine Tazawa and a copy is provided.  
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**SUPERVISORS NAME:** April Cowan  
**LICENSING EVALUATOR NAME:** Komal Curley  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 10/08/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 10/08/2025

LIC9099 (FAS) - (06/04)

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