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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 415601070
Report Date: 06/02/2026
Date Signed: 06/02/2026 02:29:09 PM

Unfounded

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BRUNO RO, 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/01/2026** and conducted by Evaluator Audrey Jeung

PUBLIC	COMPLAINT CONTROL NUMBER: 14-AS-20260601165228

FACILITY NAME:	PENINSULA DEL REY			**FACILITY NUMBER:**	415601070
ADMINISTRATOR:	TAZAWA, KATHERINE			**FACILITY TYPE:**	740
ADDRESS:	165 PIERCE STREET			**TELEPHONE:**	(650) 992-2100
CITY:	DALY CITY	**STATE:** CA		**ZIP CODE:**	94015
CAPACITY:	150	**CENSUS:** 114		**DATE:**	06/02/2026
		UNANNOUNCED		**TIME BEGAN:**	12:00 PM
MET WITH:	Mary Alcantara			**TIME COMPLETED:**	02:30 PM

ALLEGATION(S):

1	- Staff did not prevent facility from being in disrepair.
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INVESTIGATION FINDINGS:

1	LPA Jeung met with director of assisted living, maintenance director, maintenance staff, and client #2.
2	Upon visiting client's apartment, an electric stainless steel rice cooker with lid was observed. Two GFI
3	electrical outlets are present by the kitchen counter, and when tested, red lights appeared on the GFI
4	tester, indicating that the outlets are working. The red indicator light on the rice cooker did not light up
5	when plugged into the kitchen counter outlets, and lit up inconsistently when plugged into an electrical
6	outlet under the thermostat in the apartment and in the hallway outside of the apartment.
7	
8	Based on this information, the allegation that facility is in disrepair has been investigated by the
9	Community Care Licensing Division of the CA Department of Social Services, and determined to be
10	unfounded. This means that the allegation could not have happened and/or is without a reasonable
11	basis.
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Unfounded	**Estimated Days of Completion:**

SUPERVISORS NAME: April Cowan

LICENSING EVALUATOR NAME: Audrey Jeung
LICENSING EVALUATOR SIGNATURE:
DATE: 06/02/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/02/2026

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