

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 415601070

Report Date: 04/12/2022

Date Signed: 04/12/2022 05:57:25 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: PENINSULA DEL REY		FACILITY NUMBER: 415601070	
ADMINISTRATOR: CAGULADA, DILLON		FACILITY TYPE: 740	
ADDRESS: 165 PIERCE STREET		TELEPHONE: (650) 992-2100	
CITY: DALY CITY		STATE: CA ZIP CODE: 94015	
CAPACITY: 150		CENSUS: 72 DATE: 04/12/2022	
TYPE OF VISIT: Case Management - Deficiencies		UNANNOUNCED TIME BEGAN: 04:55 PM	
MET WITH: Katherine Tazawa		TIME COMPLETED: 06:00 PM	
NARRATIVE			
1	After receipt of Incident Reports submitted to CCLD that there were residents with COVID infection in		
2	January 2022, it was subsequently disclosed to CCLD that at least 12 staff had COVID infection.		
3	However, this was not reported to CCLD in a timely manner. Upon receipt of reports of clients with		
4	COVID infection, LPA Jeung called facility and spoke with administrator Kevin Hogan on 1/14/22. During		
5	the conversation, he advised that facility was experiencing a "major staffing issue." As per information		
6	provided, 3 staff were diagnosed with COvId on 1/3/22. Facility failed to report staff with COVID infection		
7	by phone or written report until 1/14/22 when LPA initiated call for information about clients with COVID.		
8			
9	In addition, CCLD learned from San Mateo County Dept. of Public Health that a staff person was COVID		
10	positive through contact tracing in July 2021. Facility was aware that staff #1 was COVID positive, but		
11	failed to report this to CCLD, nor SMCDPH. Clients were not tested, according to administrator, despite		
12	recommendation by SMCDPH to test all clients.		
13			
14	Deficiency of the CA Code of Regulations, Title 22 is cited on a following page.		
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24			
25			
NAME OF LICENSING PROGRAM MANAGER: Julio Montes			
NAME OF LICENSING PROGRAM ANALYST: Audrey Jeung			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/12/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/12/2022

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

LIC809 (FAS) - (06/04)

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Created By: Audrey Jeung On 02/23/2022 at 06:03 PM

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
, 851 TRAEGER AVE., SUITE 360
SAN BRUNO, CA 94066

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: PENINSULA DEL REY



FACILITY NUMBER: 415601070

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 04/12/2022

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type B 04/22/2022 Section Cited	REPORTING REQUIRE Notes:///882582B5004E0AE8/StartUp?OpenFrameset 1 2 San Bruno ASC-14MENTS 3 Licensee shall furnish to CCLD reports, including 4 written report within 7 days of the occurrence of 5 an epidemic outbreak, which threatens the 6 welfare, safety or health of residents, personnel 7 or visitors. Report shall be made within 24 hours either by telephone or fax to CCLD & to the local health officer when appropriate.		
	8 Report shall include the resident's name, age, 9 sex, date of admission... This requirement was 10 not met, as 12 staff with Covid were not reported 11 to CCLD until LPA called administrator in January 12 2022, & CCLD was not notified of COVID staff in 13 July 2021, which posed a potential health & 14 safety risk.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		
	1 2 3 4 5 6 7		

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

SUPERVISOR'S NAME: Julio Montes	
LICENSING EVALUATOR NAME: Audrey Jeung	
LICENSING EVALUATOR SIGNATURE: 	DATE: 02/23/2022
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE: 	
DATE: 02/23/2022	