

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 January 2022, it was subsequently disclosed to CCLD that at least 12 staff had COVID infection.
2	However, this was not reported to CCLD in a timely manner. Upon receipt of reports of clients with COVID infection, LPA Jeung called facility and spoke with administrator Kevin Hogan on 1/14/22. During the conversation, he advised that facility was experiencing a "major staffing issue." As per information provided, 3 staff were diagnosed with COVID on 1/3/22. Facility failed to report staff with COVID infection by phone or written report until 1/14/22 when LPA initiated call for information about clients with COVID.
3	In addition, CCLD learned from San Mateo County Dept. of Public Health that a staff person was COVID positive through contact tracing in July 2021. Facility was aware that staff #1 was COVID positive, but failed to report this to CCLD, nor SMCDPH. Clients were not tested, according to administrator, despite recommendation by SMCDPH to test all clients.
4	Deficiency of the CA Code of Regulations, Title 22 is cited on a following page.
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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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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL

SERVICES

COMMUNITY CARE LICENSING DIVISION

, 851 TRAEGER AVE., SUITE 360

SAN BRUNO, CA 94066

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

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:
LICENSING EVALUATOR NAME:
LICENSING EVALUATOR SIGNATURE:

Julio Montes
Audrey Jeung

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