

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 415601070  
Report Date: 04/15/2025  
Date Signed: 04/15/2025 12:54:49 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
<b>FACILITY EVALUATION REPORT</b>		COMMUNITY CARE LICENSING DIVISION SAN BRUNO RO, 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066	
FACILITY NAME: PENINSULA DEL REY		FACILITY NUMBER:	415601070
ADMINISTRATOR/TAZAWA, KATHERINE DIRECTOR:		FACILITY TYPE:	740
ADDRESS: 165 PIERCE STREET		TELEPHONE:	(650) 992-2100
CITY: DALY CITY	STATE: CA	ZIP CODE:	94015
CAPACITY: 150	CENSUS: 106	DATE:	04/15/2025
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME VISIT/INSPECTION	BEGAN: 10:20 AM
MET WITH: Administrator, Katherine Tazawa		TIME VISIT/INSPECTION	COMPLETED: 01:10 PM

NARRATIVE	
1	On April 15, 2025, Licensing Program Analyst (LPA) Komal Charitra conducted an unannounced annual
2	visit. LPA met with Administrator, Katherine Tazawa and explained the purpose of the visit.
3	
4	LPA toured the facility inside and outside including a random sample of resident rooms, common areas
5	& kitchen. The indoor and outdoor passageway was free of obstruction. LPA observed a hot-tub but the
6	gates were observed to be locked. There were no fire safety hazards observed. This is a four story
7	facility; assisted living (AL) on 1st, 2nd, and a portion of the 3rd floor and independent living (IL) on the
8	rest of 3rd floor and all of the 4th floor.
9	
10	Rooms observed were clean, odor-free with all required furniture. Each resident room has it's own
11	bathroom. Bathrooms observed were observed to be clean, equipped with liquid soap, toilet paper and
12	paper-towels.
13	Water temperature throughout the facility measured between 117-118 degrees F. Extra linen was
14	observed to be present. First aid kit was observed to be complete. Dining room was observed free from
15	tripping hazards. Residents were observed to be having lunch in the dining room. A comfortable
16	temperature is maintained and lighting is sufficient for comfort. LPA observed two day perishables and
17	seven day non-perishables. Extra food supply was observed to be present. Medications, sharps, and
18	chemicals were observed locked an inaccessible to residents in care.
19	
20	Carbon monoxide monitors are working properly. All fire extinguishers have been checked and current
21	as of
22	July 2024. Emergency drills are logged and done every month. LPA reviewed 5 resident records and 5
23	staff records. Resident records are updated, complete and signed. Staff records are complete, with
24	training logs that have met the basic requirement. Medication review was done, and all medications are
25	accounted for, and centrally stored medication records are updated.

No citations are issued during the visit. Report is reviewed with Administrator and a copy is provided.

**NAME OF LICENSING PROGRAM MANAGER:** April Cowan  
**NAME OF LICENSING PROGRAM ANALYST:** Komal Charitra  
**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 04/15/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 04/15/2025

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

LIC809 (FAS) - (06/04)  
California Health & Human Services Agency

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California Department of Social Services

**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.