

Department of

# SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

Facility Number: 415601126

Report Date: 03/24/2022

Date Signed: 03/24/2022 06:53:46 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	
<b>FACILITY EVALUATION REPORT</b>			
FACILITY NAME: PACIFICA SENIOR LIVING BURLINGAME		FACILITY NUMBER:	415601126
ADMINISTRATOR: SUMABAT, JEFF		FACILITY TYPE:	740
ADDRESS: 250 MYRTLE ROAD		TELEPHONE:	(650) 343-2747
CITY: BURLINGAME	STATE: CA	ZIP CODE:	94010
CAPACITY: 90	CENSUS: 36	DATE:	03/24/2022
TYPE OF VISIT: Case Management - Deficiencies	UNANNOUNCED	TIME BEGAN:	02:15 PM
MET WITH: Rowena Cancino and Amanda Dominguez North		TIME COMPLETED:	07:00 PM
<b>NARRATIVE</b>			
1	During complaint investigation to this facility, licensed as Atria Burlingame #415600184, LPA Jeung		
2	observed deficiency of the California Code of Regulations, Title 22, which is cited on a following page.		
3			
4	RCFE licensure has not yet been approved nor granted, yet Pacifica Senior Living Burlingame has been		
5	doing business as, and advertising itself as a licensed RCFE.		
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NAME OF LICENSING PROGRAM MANAGER: Julio Montes			
NAME OF LICENSING PROGRAM ANALYST: Audrey Jeung			

## LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/24/2022

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

## FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/24/2022

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 03/24/2022 at 11:52 AM

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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: PACIFICA SENIOR LIVING BURLINGAME

FACILITY NUMBER: 415601126

## DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/24/2022

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type B 03/31/2022 Section Cited	ADVERTISEMENTS & LICENSE NUMBER 1 In accordance with Health and Safety 2 Code Sections 1569.68 and 3 1569.681, licensees shall reveal each 4 facility license number in all public 5 advertisements, including Internet, or 6 correspondence. 7 This requirement is not met, as facility is doing business as, and advertising as "Pacifica		
	8 Senior Living Burlingame," but 9 without a valid RCFE license. 10 Applicant has failed to operate 11 consistent with licensure as ATRIA 12 BURLINGAME, which poses a 13 potential health, safety, or personal 14 rights risk to clients in care.		
	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: 03/24/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/24/2022