

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 415601126
Report Date: 07/08/2025
Date Signed: 07/08/2025 12:49:11 PM

Substantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/09/2025** and conducted by Evaluator Murial Han

PUBLIC	COMPLAINT CONTROL NUMBER: 14-AS-20250509083556
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FACILITY NAME: BURLINGAME SENIOR LIVING	FACILITY NUMBER: 415601126
ADMINISTRATOR: IGNACIO LOPEZ	FACILITY TYPE: 740
ADDRESS: 250 MYRTLE ROAD	TELEPHONE: (650) 343-2747
CITY: BURLINGAME	STATE: CA
CAPACITY: 90	ZIP CODE: 94010
	CENSUS: 52
	DATE: 07/08/2025
MET WITH: Interim Administrator, Rowena Cancino	UNANNOUNCED TIME BEGAN: 09:30 AM
	TIME COMPLETED: 01:10 PM

ALLEGATION(S):

1	Staff do not ensure carpeting is clean and sanitary
2	Staff do not ensure that facility is maintained at a comfortable temperature
3	Staff do not ensure facility vehicle is in good repair
4	Director does not have the required qualifications
5	Staff do not ensure elevators are in good repair
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On July 8, 2025, Licensing Program Analyst (LPA) Murial Han conducted an unannounced visit to deliver
2	the complaint investigation findings. LPA met with the interim administrator, Rowena Cancino and
3	explained the purpose of today's visit.
4	
5	Regrading to the allegations of- staff do not ensure carpeting is clean and sanitary, the reporting party
6	stated that when resident #1 (R1) moved in on 3/21/2025, the carpet was filthy and smelled very bad
7	resulting R1 being temporary placed in a different room.
8	
9	As part of the investigation, LPA interviewed the interim administrator and the sales manager and both of
10	them acknowledged that when R1's responsible party toured the facility, they have observed the carpet
11	being dirty and it was supposed to be cleaned and renovated before the move-in date but it was not done
12	and R1 had to be placed in a different room while the carpet was being replaced. The interim
13	administrator stated that the carpet was replaced by Vinyl a few days later and R1 was moved into that
	room.

After the investigation, this allegation is deemed to be substantiated.

Substantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: April Cowan

NAME OF LICENSING PROGRAM ANALYST: Murial Han

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/08/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/08/2025

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

LIC9099 (FAS) - (06/04)

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Control Number 14-AS-20250509083556

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: BURLINGAME SENIOR LIVING

FACILITY NUMBER: 415601126

VISIT DATE: 07/08/2025

NARRATIVE

1 Regarding to the allegation of - staff do not ensure that facility is maintained a comfortable temperature,
2 the reporting party stated, R1 was being placed in a temporary room, while the facility replaced the
3 carpet but the heater was broken.
4

5 According to the sales manager and the interim administrator, the temporary room was vacant for a long
6 time and no one checked the heater prior to R1's move-in as R1 was not supposed to move in to that
7 room, therefore, the facility was not aware that the heater was not working. The interim administrator
8 stated that they called a couple of companies to fix it but they couldn't so they provided a portable
9 heater for R1.
10

11 LPA interviewed R1 who stated that the temperature of the room was comfortable after the portable
12 heater was provided and LPA observed the room temperature was measured at 73 degrees Fahrenheit.
13

14 After the investigation, this allegation is deemed to be substantiated.
15

16 Regarding to the allegation of- staff do not ensure facility vehicle is in good repair, the reporting party
17 stated the facility van has been broken for months and on 4/9/2025, R1 had a medical appointment and
18 R1 had to be transported by the maintenance guy in a personal truck that required R1 to climb into.
19

20 According to the interim administrator, the facility van was broken on the day of R1's appointment but it
21 has been fixed. The interim administrator stated that the facility provides transportation for residents on
22 Tuesdays and Thursdays, and R1's appointment was on a Wednesday and since the van was broken,
23 the maintenance manager took the resident to the appointment in a private vehicle. The interim
24 administrator stated that she/he was not aware that R1 had to climb into the private vehicle until after
25 the appointment. The interim administrator acknowledged that the facility van breaks down from time to
26 time and when that happens, the facility offers other means of transportation such as vouchers to
27 transportation companies.
28

29 LPA has completed and substantiated a complaint investigation in November 2024 (reference number
30 14- AS- 20241121125035) regarding to residents were missing their medical appointments because the
31 facility van was broken.
32

After the investigation, this allegation is deemed to be substantiated.

NAME OF LICENSING PROGRAM MANAGER: April Cowan

NAME OF LICENSING PROGRAM ANALYST: Murial Han

LICENSING PROGRAM ANALYST SIGNATURE: DATE: 07/08/2025

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

FACILITY REPRESENTATIVE SIGNATURE: DATE: 07/08/2025

Control Number 14-AS-20250509083556

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

FACILITY NAME: BURLINGAME SENIOR LIVING FACILITY NUMBER: 415601126 VISIT DATE: 07/08/2025

NARRATIVE

1 Regarding to the allegation of- director does not have the required qualifications, the reporting party
2 stated that the interim director/administrator doesn't have the qualifications to be in the position.
3
4 According to the interim administrator who used to be the Health Services Director stated that when the
5 Administrator resigned in February 2025, she was appointed by the Licensee to be the interim
6 administrator.
7
8 Based on observation and record review, the licensee did not provided any documentation to CCL to
9 update the facility administrator.
10
11 After the investigation, this allegation is deemed to be substantiated.
12
13
14 Regarding to the allegation of- staff do not ensure elevators are in good repair, the reporting party stated
15 that on 5/5/2025, both facility elevators were broken and residents waited downstairs for over 3 hours
16 until one of them was fixed.
17
18 As part of the investigation, LPA interviewed the sales manager and the interim administrator who
19 acknowledged that both elevators were down on 5/5/2025 and the elevator on the right side has been
20 down for almost 2 years. The sales manager was present on 5/5/2025 and stated that when they
21 learned that the only working elevator was malfunctioned, they contacted management immediately, and
22 call the elevator repair company. The sales manager acknowledged that there were a few residents who
23 were not able to take the stairs so they waited for hours in the dining until the elevator was fixed.
24
25 LPA completed and substantiated a complaint investigation on 3/11/2025 (complaint reference number
26 14-AS-20250110144222) regarding to Licensee did not ensure facility elevators were maintained in
27 good repair.
28
29 After the investigation, this allegation is deemed to be substantiated and a civil penalty of \$250 is being
30 assessed for repeat violation.
31
32 Based on interviews, observation, and record reviews during the investigation, the preponderance of
evidence standard has been met. Therefore, this allegation was determined to be substantiated.
Deficiencies of the California Code of Regulations, Title, 22 cited on the LIC9099-D. Failure to correct
the deficiencies may result in additional civil penalties.
Report was discussed with the interim administrator; a copy is provided with Appeal Rights.

NAME OF LICENSING PROGRAM MANAGER: April Cowan
NAME OF LICENSING PROGRAM ANALYST: Murial Han
LICENSING PROGRAM ANALYST SIGNATURE: DATE: 07/08/2025

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

FACILITY REPRESENTATIVE SIGNATURE: DATE: 07/08/2025

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/09/2025** and conducted by Evaluator Murial Han

PUBLIC**COMPLAINT CONTROL NUMBER:** 14-AS-
20250509083556**FACILITY NAME:** BURLINGAME SENIOR LIVING**FACILITY NUMBER:** 415601126**ADMINISTRATOR:** IGNACIO LOPEZ**FACILITY TYPE:** 740**ADDRESS:** 250 MYRTLE ROAD**TELEPHONE:** (650) 343-2747**CITY:** BURLINGAME**STATE:** CA**ZIP CODE:** 94010**CAPACITY:** 90**CENSUS:** 52**DATE:** 07/08/2025**MET WITH:** Interim Administrator**UNANNOUNCED TIME BEGAN:**

09:30 AM

TIME**COMPLETED:**

01:10 PM

ALLEGATION(S):

- | | |
|---|--|
| 1 | Staff do not ensure the facility internet service is functioning |
| 2 | Staff do not ensure resident's showering needs are being met |
| 3 | Staff do not ensure resident's incontinence needs are being met |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |

INVESTIGATION FINDINGS:

- | | |
|----|---|
| 1 | On July 8, 2025, Licensing Program Analyst (LPA) Murial Han conducted an unannounced visit to deliver the complaint investigation findings. LPA met with the interim administrator, Rowena Cancino and explained the purpose of today's visit. |
| 2 | |
| 3 | |
| 4 | |
| 5 | Regarding to the allegation of- staff do not ensure the facility internet service is functioning, the reporting party stated that resident #1 (R1)'s responsible party was told that R1 would have WiFi in the room and then found out they don't have it in every room. The reporting party stated that the facility eventually fixed the issue. |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | As part of the investigation, LPA interviewed the interim administrator and R1. |
| 11 | |
| 12 | The interim administrator stated that there is WiFi in every room but R1's room was toward the back and far away from the router. However, the interim administrator purchased a WiFi extender for the room and the problem was fixed. |
| 13 | |
| | LPA interviewed R1 who stated that there was WiFi in the room but it was slow and it was a lot better after the facility provided the extender. |
| | After the investigation, this allegation is deemed to be unsubstantiated. |

Unsubstantiated**Estimated Days of Completion:****NAME OF LICENSING PROGRAM MANAGER:** April Cowan**NAME OF LICENSING PROGRAM ANALYST:** Murial Han**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 07/08/2025

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 07/08/2025**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

LIC9099 (FAS) - (06/04)

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Control Number 14-AS-20250509083556

**COMPLAINT INVESTIGATION REPORT
(Cont)**

COMMUNITY CARE LICENSING DIVISION
SAN BRUNO RO, 851 TRAEGER AVE., SUITE 360
SAN BRUNO, CA 94066

FACILITY NAME: BURLINGAME SENIOR LIVING

FACILITY NUMBER: 415601126

VISIT DATE: 07/08/2025

NARRATIVE

1 Regarding to the allegation of - staff do not ensure resident's showering needs are being met and staff
2 do not ensure resident's incontinence needs are being met, the reporting party stated that there is a
3 resident on the first floor near the elevator that doesn't shower, and smells like urine. The reporting party
4 stated that everyone knows who this resident is, and staff just say this resident doesn't like to shower.
5
6 As part of the investigation, LPA interviewed the interim administrator who stated that resident #2 (R2)
7 has a history of refusing shower and did not allow facility staff to assist with incontinence care and
8 cleaning the room but R2 is no longer refusing after many conversation of encouragement. The interim
9 administrator reported that the odor is not as strong since R2 has been showering weekly, allowing staff
10 to assist ADLs, and weekly housekeeping and laundry service.
11
12 LPA attempted to interview R2 but was not successful.
13
14 LPA interviewed staff #1 (S1) and staff #2 (S2) and both of them reported that R1 is no longer refusing
15 care, R2 has been showering weekly, managing his/her own incontinence care, and allowing staff to
16 assist with laundry and housekeeping services.
17
18 During LPA's visits on 5/14/2025, 7/3/2025 and 7/8/2025, LPA did not observed any odor by the
19 entrance, by R2's room and the lobby area.
20
21 This observation was reported to CCL in 2024 and at the time, the facility has provided documentation
22 to proof that the facility implemented different interventions to encourage R2 to participate in care.
23
24 After the investigation, this allegation is deemed to be unsubstantiated.
25
26 Based on observation, interviews and records review, these allegations are deemed to be
27 unsubstantiated.
28
29 Although the above allegations may have happened or are valid, there is not a preponderance of
30 evidence to prove the alleged violations did or did not occur, therefore the allegation is
31 UNSUBSTANTIATED.
32
This report is review with the interim administrator and a copy is provided

NAME OF LICENSING PROGRAM MANAGER: April Cowan

NAME OF LICENSING PROGRAM ANALYST: Murial Han

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/08/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/08/2025

LIC9099 (FAS) - (06/04)

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Control Number 14-AS-20250509083556

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: BURLINGAME SENIOR LIVING

FACILITY NUMBER: 415601126

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/08/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)

<p>Type A 07/09/2025 Section Cited CCR 87303(a)</p>	<p>1 87303 Maintenance and Operation (a) 2 The facility shall be clean, safe, sanitary 3 and in good repair at all times. This 4 requirement is not met as evidenced by 5 based on observation, and interview 6 7</p>	<p>1 The Licensee will develop a plan to 2 ensure the facility is clean, safe, 3 sanitary and in good repair at all times; 4 the plan shall indicate how the facility 5 shall monitor the deficient areas, and it 6 shall also include the time-frame for the 7 elevator repair.</p>
	<p>8 R1 room's carpet was dirty, the heater 9 was not working in, both elevators and 10 the facility van were broken which 11 poses an immediate health and safety 12 risks to residents in care. 13 14</p>	<p>8 and it shall be signed by the Licensee 9 as the facility currently does not have a 10 designated administrator. 11 12 13 14</p>
<p>Type A 07/09/2025 Section Cited CCR 87405(a)</p>	<p>1 87405 Administrator - Qualifications 2 and Duties (a) All facilities shall have a 3 qualified and currently certified 4 administrator. This requirement is not 5 met as evidenced by the facility did not 6 have a 7</p>	<p>1 The licensee will develop a plan to 2 ensure the facility has a qualified and 3 current certified administrator and 4 provide a copy of the plan of correction 5 to CCL by 7/9/2025 and 6 7</p>
	<p>8 qualified administrator since March 9 2025 which poses an immediate health 10 and safety risks to residents in care. 11 12 13 14</p>	<p>8 it shall be signed by the Licensee as 9 the facility currently does not have a 10 designated administrator. 11 12 13 14</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.

NAME OF LICENSING PROGRAM MANAGER: April Cowan NAME OF LICENSING PROGRAM ANALYST: Murial Han LICENSING PROGRAM ANALYST SIGNATURE:		DATE: 07/08/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 07/08/2025

LIC9099 (FAS) - (06/04)

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Control Number 14-AS-20250509083556

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>COMPLAINT INVESTIGATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BRUNO RO, 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066</p>
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FACILITY NAME: BURLINGAME SENIOR LIVING

FACILITY NUMBER: 415601126

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/08/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
<p>Type B 07/16/2025 Section Cited CCR 87303(b)</p>	<p>1 87303 Maintenance and Operation (b) 2 A comfortable temperature for residents 3 shall be maintained at all times. This 4 requirement is not met as evidenced by 5 R1 was admitted to a room that was 6 cold because 7</p>	<p>1 The Licensee will develop a plan to 2 ensure residents are residing in a 3 environment with comfortable 4 temperature. The Licensee will provide 5 a copy of the plan to CCL by 7/16/2025 6 and it shall be 7</p>
	<p>8 the heater was malfunctioned which 9 poses a potential health and safety risk 10 to resident in care. 11 12</p>	<p>8 signed by the Licensee as the facility 9 currently does not have a designated 10 administrator. 11 12</p>

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	1		1	
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	4		4	
	5		5	
	6		6	
	7		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.

NAME OF LICENSING PROGRAM MANAGER: April Cowan	
NAME OF LICENSING PROGRAM ANALYST: Murial Han	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 07/08/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/08/2025