

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 415601127
Report Date: 04/08/2022
Date Signed: 04/08/2022 10:11:31 AM

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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: SERRA HIGHLANDS SENIOR LIVING	FACILITY NUMBER: 415601127
ADMINISTRATOR:DUENAS, JENNIFER	FACILITY TYPE: 740
ADDRESS: 501 KING DRIVE	TELEPHONE: (650) 878-5111
CITY: DALY CITY STATE: CA	ZIP CODE: 94015
CAPACITY: 120 CENSUS: 62	DATE: 04/08/2022
TYPE OF VISIT: Case Management - Deficiencies UNANNOUNCED	TIME BEGAN: 08:30 AM
MET WITH: Interim Executive Director, Amanda North	TIME COMPLETED: 10:45 AM

NARRATIVE	
1	On April 8, 2022, during complaint investigation to this facility, licensed as Atria at Daly City
2	#415600191, LPA Charitra observed deficiency of the California Code of Regulations, Title 22, which is
3	cited on a following page.
4	
5	RCFE licensure has not yet been approved nor granted, yet Serra Highlands Senior Living has been
6	doing business as, and advertising itself as a licensed RCFE.
7	
8	Deficiency of the Residential Care Elderly California Code of Regulations, Title 22, Division 6 is
9	observed and cited on a LIC 809D. Failure to correct the deficiencies may result in civil penalties.
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11	This report is reviewed and discussed with Amanda North; a copy is provided.
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NAME OF LICENSING PROGRAM MANAGER: Julio Montes
NAME OF LICENSING PROGRAM ANALYST: Komal Charitra

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/08/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/08/2022

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

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Created By: Komal Charitra On 04/08/2022 at 09:35 AM

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: SERRA HIGHLANDS SENIOR LIVING

FACILITY NUMBER: 415601127

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 04/08/2022

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type B 04/15/2022 Section Cited	1 87206 Advertisement and License 2 Number: (a) In accordance with 3 Health and Safety Code Sections 4 1569.68 and 1569.681, licensees 5 shall reveal each facility license 6 number in all public advertisements, 7 including Internet, or 8 correspondence. 9 10 Violation of this regulation is not met 11 as evidenced by:		
	8 Based on LPA's observation, the 9 facility is observed to be advertising 10 online as Serra Highlands Senior 11 Living and has signage of the facility 12 name as Serra Highlands Senior 13 Living outside the facility building 14 without a valid RCFE License. Licensee has failed to operate consistent with licensure as ATRIA AT DALY CITY, which poses a potential health, safety, or personal rights risk to clients in care.	8 9 10 11 12 13 14	
Type B 04/15/2022 Section Cited	1 87109(b) Transferability of License: 2 The licensee shall notify the licensing 3 agency and all residents receiving 4 services, or their representatives, in 5 writing as soon as possible and in all 6 cases at least 30 days prior to the 7 transfer of the property or 8 business...as specified in Health and 9 Safety Code Section 1569.191.		
	8 This requirement was not met, as 9 evidenced by absence of proof that 10 written notice was issued to residents	8 9 10	

11 or their responsible parties. Licensee 11
12 failed to ensure that proper notices 12
13 were issued prior to doing business 13
14 as Pacfica Senior Living, which poses 14
a potential health, safety or personal
rights risk to clients in care.

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:	Komal Charitra
LICENSING EVALUATOR SIGNATURE:	
	DATE: 04/08/2022

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 04/08/2022