

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 415601137
Report Date: 07/01/2026
Date Signed: 07/01/2026 03:15:26 PM

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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	
FACILITY EVALUATION REPORT			
FACILITY NAME: SANDHILL ASSISTED LIVING LLC		FACILITY NUMBER:	415601137
ADMINISTRATOR/TILMA, SUSAN		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	735 MONTE ROSA DRIVE	TELEPHONE:	(650) 492-9429
CITY:	MENLO PARK	STATE: CA	ZIP CODE: 94025
CAPACITY: 6		CENSUS: 5	DATE: 07/01/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/INSPECTION
			11:54 AM
MET WITH:	House Manager, Enrico Ortega	BEGAN:	
		TIME VISIT/INSPECTION	03:30 PM
		COMPLETED:	

NARRATIVE	
1	On July 1, 2026, Licensing Program Analyst (LPA) Murial Han conducted an unannounced annual
2	inspection. Upon entry, LPA met with house manager, Enrico Ortega and explained the purpose of
3	today's visit. The administrators, Susan Tilma and Ricardo Aban arrived shortly thereafter and assisted
4	with the inspection.
5	
6	LPA received a tour from the house manager and observed the indoor and the outdoor passageways
7	are free of obstruction. This is a single story facility with 7 bedrooms (5 resident rooms and 2 staff room)
8	and 4 bathrooms. There were 5 residents and 3 staff present during the visit. The facility is observed to
9	be spacious, clean, and odor-free with comfortable temperature. Hot water temperature in the kitchen
10	and resident's bathroom was measured at 128-130 degrees F.
11	LPA observed medication, sharps, and toxins were locked and inaccessible to resident's in care.
12	2 days of perishables and 7 days of nonperishable foods were observed for the residents.
13	
14	Facility is equipped with smoke detectors and carbon monoxide detectors. Fire drill records were
15	observed to be insufficient.
16	
17	A review of (5) resident files was conducted and noted on LIC 858.
18	
19	A review of (3) staff files was conducted and noted on LIC 859.
20	
21	Deficiencies are cited under California Code of Regulations, Title 22, cited on the LIC 809-D. Failure to
22	correct the deficiencies may result in civil penalties.
23	
24	
25	
	This report was reviewed with Administrators, Ricardo Aban, and Susan Tilma and a copy of the report along with Appeal Rights were provided.

NAME OF LICENSING PROGRAM MANAGER: April Cowan	
NAME OF LICENSING PROGRAM ANALYST: Murial Han	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 07/01/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 07/01/2026

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

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: SANDHILL ASSISTED LIVING LLC

FACILITY NUMBER: 415601137

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/01/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type A	Section Cited	CCR	87506(A)	
87506 Resident Records					
(a) The licensee shall ensure that a separate, complete, and current record is maintained for each resident in the facility or in a central administrative location readily available to facility staff and to licensing agency staff.					
This requirement is not met as evidenced by: Based on interview, record review and interviews, during the inspection, resident's records were missing from resident's files such as LIC 602 assessments, and reappraisals.					
	Deficient Practice Statement				
1	Based on [(observation) (interview) (record review)], the licensee did not comply with the section cited above based on observation, record review and interviews, during the inspection, resident's records were missing from resident's files and the administrator had to retrieve them from her phone which poses an immediate health, safety or personal rights risk to persons in care.				
2					
3					
4					
	POC Due Date: 07/02/2026				
	Plan of Correction				
1	The administrator will develop a plan of correction to ensure all resident records are readily available to facility staff and to licensing agency staff. The administrator will submit a copy of the plan of correction to CCL by 7/2/2026.				
2					
3					
4					
		Section Cited			
	Deficient Practice Statement				
1					
2					
3					
4					
	POC Due Date:				
	Plan of Correction				
1					
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4					

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:
NAME OF LICENSING PROGRAM
ANALYST:
LICENSING PROGRAM ANALYST SIGNATURE:

April Cowan

Murial Han



DATE: 07/01/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/01/2026

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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: SANDHILL ASSISTED LIVING LLC

FACILITY NUMBER: 415601137

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/01/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87303(e)(2)	
Maintenance and Operation					
(2) Faucets used by residents for personal care such as shaving and grooming shall deliver hot water. Hot water temperature controls shall be maintained to automatically regulate the temperature of hot water used by residents to attain a temperature of not less than 105 degree F (41 degrees C) and not more than 120 degree F (49 degrees C).					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on [(observation) (interview) (record review)], the licensee did not comply with the section cited above as LPA observed the hot water temperature was measured at 128-130 degrees F which poses an immediate health, safety or personal rights risk to persons in care.				
2					
3					
4					
	POC Due Date: 07/02/2026				
	Plan of Correction				
1	The administrator will adjust the hot water temperature accordingly and will submit a plan of correction to ensure the hot water temperature is within range. The administrator will provide a copy of the plan of correction to CCL by 7/2/2026.				
2					
3					
4					
	Type A	Section Cited	HSC	1569.695(c)	

Other Provisions

(c) A facility shall conduct a drill at least quarterly for each shift. The type of emergency covered in a drill shall vary from quarter to quarter, taking into account different emergency scenarios. An actual evacuation of residents is not required during a drill. While a facility may provide an opportunity for residents to participate in a drill, it shall not require any resident participation. Documentation of the drills shall include the date, the type of emergency covered by the drill, and the names of staff participating in the drill.

This requirement is not met as evidenced by:

Deficient Practice Statement

1	Based on [(observation) (interview) (record review)], the licensee did not comply with the section cited above in [count] out of [total count] [(objects) (persons)] [identifiers] which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
POC Due Date: 07/02/2026	
Plan of Correction	
1	The administrator will submit a plan to ensure drills are completed at least quarterly for each shift and will submit a copy of the plan of correction to CCL by 7/2/2026.
2	
3	
4	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

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NAME OF LICENSING PROGRAM ANALYST:	Murial Han
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DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type A	Section Cited	CCR	87608(a)(5)(B)	
Postural Supports					
(B) Bed rails that extend the entire length of the bed are prohibited except for residents who are currently receiving hospice care and have a hospice care plan that specifies the need for full bed rails.					
This requirement is not met as evidenced by:					
Deficient Practice Statement					
1	Based on [(observation) (interview) (record review)], the licensee did not comply with the section cited above as LPA observed R2 has bed rails that extend the entire length of the bed which poses an immediate health, safety or personal rights risk to persons in care.				
2					
3					
4					
POC Due Date: 07/02/2026					
Plan of Correction					
1	The administrator will remove the full bed rail immediately and provide photo afterwards. The administrator will develop a plan of correction to ensure full bed rails are not being used and will submit a plan of correction by 7/2/2026.				
2					
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		Section Cited			

	Deficient Practice Statement
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	POC Due Date:
	Plan of Correction
1	
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

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DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87355(j)	
Criminal Record Clearance					
(j) The licensee shall maintain documentation of criminal record clearances or criminal record exemptions of employees in the individual's personnel file as required in Section 87412, Personnel Records.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on [(observation) (interview) (record review)], the licensee did not comply with the section cited				
2	above in LPA observed S1 did not have a copy of the criminal record maintained in the personnel file				
3	which poses/posed a potential health, safety or personal rights risk to persons in care.				
4					
	POC Due Date: 07/09/2026				
	Plan of Correction				

1 The administrator will develop a plan of correction to ensure criminal records are file in all staff
2 personnel files and provide a copy of the plan to CCL by 7/1/2026.
3
4

	Type B	Section Cited	CCR	87458(c)(5)	
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Medical Assessment

(c) The medical assessment shall include, but not be limited to: (5) The determination whether the person is ambulatory or nonambulatory as defined in Section 87101, Definitions, or bedridden as defined in Health and Safety Code section 1569.72. The assessment shall indicate whether nonambulatory status is based upon the resident's physical condition, mental condition, or both.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on [(observation) (interview) (record review)], the licensee did not comply with the section cited
2	above as LPA observed R3's medical assessment for Ambulatory Status was blank. which poses/posed
3	a potential health, safety or personal rights risk to persons in care.
4	
	POC Due Date: 07/09/2026
	Plan of Correction
1	The administrator will follow-up with R3's PCP to obtain an updated ambulatory status and the
2	administrator will provide a copy of it to CCL by 7/9/2026.
3	
4	

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87463(a)	
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Reappraisals

(a) The pre-admission appraisal, as specified in Section 87457, Pre-Admission Appraisal, shall be updated, in writing as frequently as necessary or once every 12 months, whichever occurs first, to note significant changes in condition, as defined in Section 87101, Definitions, and to keep the appraisal accurate. For the

purposes of this section, the updated pre-admission appraisal shall be referred to as the reappraisal.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on [(observation) (interview) (record review)], the licensee did not comply with the section cited above as LPA observed R1 and R3 did not have an updated reappraisal. which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
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	POC Due Date: 07/09/2026
	Plan of Correction
1	The administrator will develop a plan of correction to ensure all the residents have an updated reappraisals and will provide a copy of the plan of correction and a copy of the reappraisal for R1 and R3 by 7/9/2026.
2	
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		Section Cited			
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	Deficient Practice Statement
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	POC Due Date:
	Plan of Correction
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